

EMPLOYMENT APPLICATION
Organized Parents Make A Difference, Inc. OPMAD
350 Farmington Ave, Hartford, CT 06105

OPMAD is an equal employment opportunity employer that does not discriminate against any individual. If you believe that because of a disability you will need an accommodation in completing this or any other form, in taking any employment-related examinations, or with respect to any other aspect of the application process, please make that fact known in a timely manner and we will attempt to provide you with an appropriate and reasonable accommodation.

INCOMPLETE OR UNSIGNED APPLICATION WILL NOT BE CONSIDERED

POSITION DESIRED: _____ **DATE:** _____

PERSONAL DATA

Last Name: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Years at present address: _____ Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

ADDITIONAL EMPLOYMENT DATA

1- If selected for employment, could you furnish verification of your legal right to work in the United States? Yes No

2- Do you have a valid Connecticut Drivers License? Yes No

Lic.#: _____ Expiration: _____

3- Have you ever been convicted of any criminal felony or misdemeanor? Yes No

(The existence of a criminal record does not automatically bar you from employment. However, failure to admit is cause for disqualification or dismissal)

4- Have you ever been discharged or requested to resign for misconduct or unsatisfactory service? Yes No

5- Are you a Work Study student? Yes No

REMARKS: If you answered YES to Questions 3 through 5 please explain. (Use additional paper and attach if necessary)

EDUCATIONAL RECORD

Select highest grade completed:

6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16:

Name of high school last attended: _____ Graduate? Yes No G.E.D.: _____

Name and location of colleges or job-related trade schools attended	Major	Total Units Semester, Qtr.	Year of degree or certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION

Person to Notify:

Name: _____ Address: _____ Telephone: _____

SKILLS

Computer Skills

Software programs: _____

Types of computers: _____

Foreign Language Skills

Language

Read

Write

Speak

WORK HISTORY

PLEASE LIST ALL CHILD DEVELOPMENT CLASSES THAT YOU HAVE COMPLETED OR ENROLLED IN TO DATE.

(Add additional page if necessary)

Begin with your most recent Job. List all jobs and any periods of unemployment in the past ten years. Include any military service. Also, list any jobs you held more than ten years ago which relate to the duties or qualifications of the job for which you are applying. Be sure to include the number of hours per week that you worked. You may also list any volunteer experience which relates to the job(s) for which you are applying. You may attach additional pages if necessary.

Month

FROM

Year

Month

TO

Year

No. SUPERVISED _____ YOUR TITLE _____ HOURS PER WEEK _____ HOURS PER MONTH _____

YOUR DUTIES _____

REASON FOR LEAVING _____

NAME OF PRESENT OR PAST EMPLOYER _____

ADDRESS _____

TELEPHONE _____ CITY _____ STATE _____ ZIP _____

Month

FROM

Year

Month

TO

Year

No. SUPERVISED _____ YOUR TITLE _____ HOURS PER WEEK _____ HOURS PER MONTH _____

YOUR DUTIES _____

REASON FOR LEAVING _____

NAME OF PRESENT OR PAST EMPLOYER _____

ADDRESS _____

TELEPHONE _____ CITY _____ STATE _____ ZIP _____

Month

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No. SUPERVISED _____ YOUR TITLE _____ HOURS PER WEEK _____ HOURS PER MONTH _____

YOUR DUTIES _____

REASON FOR LEAVING _____

NAME OF PRESENT OR PAST EMPLOYER _____

ADDRESS _____

TELEPHONE _____ CITY _____ STATE _____ ZIP _____

May we contact your present and/or previous employer for a reference?

Yes

No

REFERENCES

Name	Address	Telephone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY That all statements made hereon are true and correct to the best of my knowledge and authorize investigation for all statements herein recorded. Further, I understand that any false statements made may be cause for non-employment or for dismissal. If employed. I release and hold harmless all persons and organizations providing any information, reference, or data to be utilized by OPMAD to determine my qualifications for employment. I hereby authorize the release of any and all such information, reference and data. A photocopy of this authorization may be considered as an original for this purpose. I agree that if employed, I will abide by all policies and procedures established by the administration.

Date available for employment: _____ Signature of applicant: _____ Date: _____

NOTICE: Employment with OPMAD does NOT occur until the Executive Director approves a formal document appointing the job applicant to a position following successful completion of the employment procedures. Until the formal appointment is approved, any offer of Employment may be withdrawn.

ACKNOWLEDGMENT OF AT-WILL EMPLOYMENT

I _____ hereby accept the offer of employment as _____ OPMAD made to me. I understand that this offer is contingent upon the successful completion of criminal background investigation. Should the investigation produce information that does not meet the Federal, State or County guidelines regarding criminal activities as they pertain to working with children, my employment with OPMAD will be terminated immediately.

I further understand that OPMAD is hiring me on an "At Will" basis and my employment may be terminated at any time, with or without cause, at the discretion of the appointing authority of the agency. Neither OPMAD nor I are committed to continuing the employment relationship for any specific term.

I understand and accept these terms.

Employee Signature

Date

To send this application by email, please click the **EMAIL** button. To send this application by mail, please click the **PRINT** button. Print the application and send it to address below.

**350 FARMINGTON AVE, HARTFORD CONNECTICUT, 06105
ORGANIZED PARENTS MAKE A DIFFERENCE, INC. OPMAD**