INSTRUCTIONS FOR COMPLETING A CERTIFICATE OF EMPLOYABILITY APPLICATION

ELIGIBILITY

This application is for individuals who have been convicted of a crime *and* are a current resident of the State of Connecticut. The following rules apply:

- If you are currently incarcerated you do not qualify.
- If you are currently under supervision by the Department of Correction's Parole and Community Services Division and have successfully completed 90 days of supervision.
- If you have successfully completed your sentence, are not currently under supervision, have no new arrest(s) and have been in the community for a minimum of 90 days.

A Certificate of Employability is for employment and licensure purposes only. This does not erase your criminal history. You can only apply for a Certificate of Employability with the Board of Pardons and Paroles (BOPP) if you meet the above criteria.

HOW TO PREPARE AND SUBMIT THIS CERTIFICATE OF EMPLOYABILITY APPLICATION

- 1. You can fill the form on line and print. If you cannot type your application responses, please print legibly. Responses that are not legible (able to be read) may delay a decision on your application or result in your application being denied.
- 2. Please use binder or paper clips to keep the pages of your application together when you submit your application. **DO NOT staple or place your application in bound folders**. Please make sure that each document that you include in your application has your name and date of birth on it, and make sure that your application is in the following order:
 - a. The Application with page 5 notarized.
 - b. A Photocopy of your driver's license or State I.D.
 - c. Any other documentation or paperwork that you wish to include for the BOPP to consider (certificates, diplomas, resumes, evaluations, etc.).
 - d. Supervising Officer Questionnaire
- 3. You are expected to answer all questions on this application truthfully. The BOPP will be doing a thorough criminal background check on every person who applies for a BOPP-issued Certificate of Employability, and will talk to your Parole Officer. Please note that lying or leaving out any information asked for on this application can be grounds to deny your application.
- 4. Mail your application and any other documents or paperwork that you want the Board of Pardons and Paroles to consider to:

Board of Pardons and Paroles Attn: Pardons Unit 55 West Main Street, Suite 520 Waterbury, CT 06702

Applications will be reviewed in the order that they are delivered to the Board of Pardons. NO APPLICATIONS WILL BE ACCEPTED IN PERSON. It is highly recommended that you make a copy of all of the documents and paperwork that you mail to the Board of Pardons and Paroles to keep for your personal records because the Board of Pardons will not return any documents or paperwork that it receives. It is also highly recommended that you send your application by certified mail. The BOPP is not responsible for applications that are lost if they are not sent by certified mail. If you have any questions or need any help completing your application, please call the BOPP office at 203-805-6643 or talk to your Supervising/Parole Officer.

STATE OF CONNECTICUT



BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702

Application for Certificate of Employability

Last name			First name				Middle name		
Data of histh	I O i - I i - i				Diana af himth				I O a a d a a
Date of birth	Social securit	y number			Place of birth				Gender
Address (Number and street,)			Apartment	number/floor	City		State	Zip o
Home phone number		Business pho	ne number		Cell phone nur	nber		E-mail addre	ess
		·			·				
Section 2: Family I	nformatio	n							
Please list all member	s of your ho	usehold <i>(an</i>	yone who live	es with you) below:				
	Nam	е			Age			Relations	hip to you
1.									
2.									
3.									
4.									
5.									
How long have you live	ed at your c	urrent addre	ess?						
Current marital status	□ Single	Married	d Divorce	od □86	eparated	Widow	Widow	or Civ	il union
Current marital status		iviai nec		suSe	:parateu [vvidow	vvidow	ei	ii uriiori
Current spouse/partne	er's name: _								
Section 3: Alias an	d Other N	ames							
State, in full, every oth during which you were									
1			-	maidenn	ame, name k	у а юппе	i mamaye, a	aliases, ariu	nicknames).
2.									
3.									
	- Annlinet	ian Hiatan							
Section 4: Previous									
Have you applied for a	Certificate	of Employal	oility or Provis	sional Parc	lon in the pas	st? Ye	es 🗌 No		
If yes, please state the	e month(s) a	ind year(s) y	ou applied:						
Section 5: Citizens Are you a citizen of the			ica? Yes	☐ No	1				
If you answered no, co	ountry of citiz	zenship:							
v. 9/30/2014 VD						Last	Name:		

Date of Birth:

Section 6: Educatio	n Background/Special 1	raining	ļ				
Please check the highe ☐1 ☐2 ☐3 ☐4 ☐5 [st grade you finished: ☐6	I]13	6 □17 □18 □	 19	2 🗆 23 🗀 2	24
there, degrees that you	on or other special training you earned, and any honors tha d attach a copy of any cer	it you got	t. If you went to train	ning, list the type	e of training and the	e agency th	at you went at provided
Section 7: Employm	ent History						
Are you currently employ If YES, please provide the Date (month & year)		Emplo	yer Name/Address/	Phone #	Supervisor		
	s while on supervision? Yes position? Yes \(\simega\) No \(\simega\)	s □ No				_	
Reason:							
	oyers for the last 5 years or ou have now or your most re			ever period is le	ss. Do not leave oเ	ıt or skip ar	ny jobs.
Dates (month & year)	Job/position			ame/address/pl	none number	Su	ipervisor
1.							
2.							
3.							
4.							
5.							
6.							
Licenses/certifications	s held						
Type of license	Licensing agency		License	number	Date is:	sued	Expires
1.							
2.							
3.							
Section 8: Military F	listory						
-	branch of the U.S. Armed Fo	orces?	Yes No				
If yes, please answer be	elow:	r	Date of entry into active of	lutv	Date of discharge		
PIGNICITO SCIVICE		'	Date of entry little active t	uty	Date of discharge		
Did you serve in the Na	tional Guard? Yes	No					
Type of discharge				Rank at discharge			
Attach a copy of your	separation papers (Form	DD-214)	or your military ID	(DD Form 2) if	you are currently	active.	
		,	•	•	•		

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Section 9: Criminal	History		
	willful omission (leaving anything ou	luding convictions in Connecticut and it on purpose) will be construed as a fa	
Dates	Court and location	Charge	Sentence
one from the Connectic	ut State Police for a fee of \$75 and at	elp you in filling out this section of the attach it to this application. 0846-c_criminal_history_record_requ	
Section 10: Victim In	formation		
information. DO NOT try	to get in touch with any victim. If ther /ictim information unknown". The Boa	of your crime(s) and their phone numble was no victim to your crime(s) pleas and will still review your application if your	e write "No victim", if you do not know
Section 11: Purpose State your reason(s) for	of Application applying for a Certificate of Employab	oility	□Licensure (Barber, HVAC, etc)
		al activity? You may also use this section. Attach additional sheet(s) if necessition.	

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Last Name: _______
Date of Birth: ______

Section 12: Optional Continuation Page

Please use this section to complete any information that you could not fit on the application

Please Number The Section That You Are Continuing

Ocation			
Section number			
Response			
Section number			
Response			
Section number			
Response			
Section number			
Response			
Section number			
Response			

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on
stigation to be made to determine my fitness for a Certificate
under penalty of false statement, that I have, to the best of
Date
of Connecticut Board of Pardons and Paroles for a Certificate of e any individual, private business concern, state or federal e or federal agency may have in its possession concerning me
Date
, 20
Notary seal

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Statistical and Research Information Sheet

This section is optional and will be used for research and statistical purposes only

This section will not be given to any Board members

Full name	Phone number	Email address
Address		
Race/Ethnic Data		
BLACK (not of Hispanic Origin); Person having origins in any of the E	Black racial groups of Africa	3.
HISPANIC: Persons of Mexican, Puerto Rican, Central or South Ame	rica or other Spanish cultu	re or origin, regardless of race
WHITE: (not of Hispanic Origin): Person having origins in any of the o	original peoples of Europe,	North Africa, or the Middle East.
AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origin is cultural identification through trial affiliation or community recognition	n any of the original people	es of North America who maintain
ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the subcontinent or the Pacific Islands. This area includes, for example, C	•	
OTHER: (Please specify) -		
Future studies		
May we contact you in the future for research purposes? Yes	No	

Rev. 9/30/2014 VD Last Name: _

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STATE OF CONNECTICUT

BOARD OF PARDONS AND PAROLES

55 West Main Street - Waterbury, CT 06702 - (203) 805-6643

Supervising Officer Questionnaire



Your current parole or probation officer must complete this form if you are applying for a Certificate of Employability and are currently on parole or any form of Department of Correction community supervision. A Certificate of Employability can relieve an offender of one or more barriers or forfeitures to employment or the issuance of a license. It **does not** commute or erase a criminal conviction and is not applicable to employment with a law enforcement agency or to retain or be eligible for public office.

Petitioner's Date of Birth:		
Supervising Parole / Probat		me:
Parole of Probation Office Assigne	d to:	
BUSINESS PHONE NUMBER:	EXTENSION:	EMAIL ADDRESS:
1. How long have you super	vised the petitio	ner in the community and how often do you see the
petitioner a month?	•	v
		nt in the community (misconduct reports /technical
violations / treatment progi	ams participate	d in / random urinalysis results etc.)?
1 3		
3. What is the petitioner's c	urrent employm	ient status?
-		
4. Is there any other inform	ation concerning	g the petitioner that the panel should consider?
4. Is there any other inform	ation concerning	g the petitioner that the panel should consider?
4. Is there any other inform	ation concerning	g the petitioner that the panel should consider?
4. Is there any other inform	ation concerning	g the petitioner that the panel should consider?
4. Is there any other inform	nation concerning	g the petitioner that the panel should consider?
4. Is there any other inform	nation concerning	g the petitioner that the panel should consider?
You may a	ttach additional page	es or a letter to this form if you need more space.
You may a	ttach additional page	

www.ct.gov/doc/bopp rev. 10/23/08 dk

Please fax this form to the Pardons Unit at (203) 805-6630. You may also mail this form directly to the address above.