

**CONNECTICUT DEPARTMENT OF CORRECTION  
SUPPLEMENTAL APPLICATION FOR EMPLOYMENT for CORRECTION OFFICER APPLICANTS**

**A. PERSONAL BACKGROUND**

Position Applying For:			
Name (Last, First, Middle)		SOCIAL SECURITY NUMBER	
Address (No., Street, City, State, Zip)		DATE OF BIRTH	
Telephone Numbers (Include Area Code)		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home	Business	Cell	
IF NO, CITIZEN OF:			
COLOR OF HAIR	COLOR OF EYES		
HAS YOUR NAME (LAST, FIRST AND / OR MIDDLE) CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST OTHER NAMES USED:			
<p><b>VOLUNTARY DEMOGRAPHIC INFORMATION:</b> In order to meet Federal and State reporting requirements and to evaluate the effectiveness of our testing program, it is necessary that the following information be supplied. The data will not be used for discriminatory purposes and will not be considered in an evaluation of your eligibility for certification.</p>			
RACE:		SEX:	
DO YOU HAVE ANY TATTOOS, SCARS OR DISTINGUISHING MARKS <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE LOCATION AND DESCRIPTION OF TATTOO(S) BELOW:	
LIST ALL PLACES WHERE YOU HAVE LIVED WITHIN THE LAST 5 YEARS, BEGIN WITH PRESENT ADDRESS		FROM	TO
			/
			/
			/
			/
			/

**B. EDUCATION**

HIGH SCHOOL (If attended more than one, list last one attended)	MAJOR COURSE OF STUDY	
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
GED	MAJOR COURSE OF STUDY	
CITY/STATE	DATE RECEIVED /	ATTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO
TECHNICAL SCHOOL	MAJOR COURSE OF STUDY	
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE / UNIVERSITY	MAJOR COURSE OF STUDY	CREDITS
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE / UNIVERSITY	MAJOR COURSE OF STUDY	CREDITS
ADDRESS	DATES ATTENDED /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO

**C. LICENSE OR CERTIFICATIONS HELD (e.g., medical, nursing, engineering) SPECIAL SKILLS.**

KIND(S)	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.
DO YOU SPEAK OR WRITE A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO			(This information is voluntary unless required by the exam announcement).	
IF YES, SPECIFY LANGUAGE:				

**D. MILITARY RECORD**

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF ENLISTMENT (FROM / TO)
BRANCH OF SERVICE	ACTIVE <input type="checkbox"/> RESERVES / NATIONAL GUARD <input type="checkbox"/>
TYPE OF DISCHARGE	
ARE YOU PRESENTLY A MEMBER OF A MILITARY RESERVE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
NAME AND ADDRESS OF RESERVE UNIT	
NAME AND ADDRESS OF COMMANDING OFFICER	TELEPHONE NUMBER

**E. MOTOR VEHICLE RECORD**

DO YOU HAVE A CURRENT AND VALID MOTOR VEHICLE OPERATOR'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
OPERATOR'S LICENSE NUMBER	TYPE OF LICENSE	STATE	EXPIRATION DATE
HAS YOUR OPERATOR'S LICENSE BEEN REVOKED OR SUSPENDED WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN CIRCUMSTANCES			

**F. CRIMINAL RECORD**

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST CRIMINAL OR MILITARY LAW, OR ARE THERE ANY CHARGES CURRENTLY PENDING AGAINST YOU? <b>IF YES, COMPLETE BELOW.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER ENGAGED IN OR BEEN CIVILLY OR ADMINISTRATIVELY FOUND TO HAVE ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY CONFINEMENT FACILITY, JUVENILE FACILITY, INSTITUTION HOUSING PERSONS WHO ARE MENTALLY ILL OR DISABLED OR RETARTED OR CHRONICALLY ILL OR HANDICAPPED OR INSTITUTIONALIZED PROVIDING SKILLED NURSING OR INTERMEDIATE OR LONG-TERM CARE OR CUSTODIAL OR RESIDENTIAL CARE? <b>IF YES, COMPLETE BELOW.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ENGAGING IN OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IN THE COMMUNITY FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE, OR COERCION OR IF THE VICTIM DID NOT CONSENT OR WAS UNABLE TO CONSENT OR REFUSE? <b>IF YES, COMPLETE BELOW.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN SEXUAL ACTIVITY IN THE COMMUNITY FACILITATED BY FORCE, OVERT OR IMPLIED THREATS OF FORCE, OR COERCION OR IF THE VICTIM DID NOT CONSENT TO OR WAS UNABLE TO CONSENT OR REFUSE? <b>IF YES, COMPLETE BELOW.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to CT General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

DATE	COURT LOCATION	OFFENSE	DISPOSITION

**Conviction(s) will not automatically disqualify the applicant from consideration for employment.**

**CERTIFICATION:** I certify that the statements made by me on this supplemental application regarding my criminal record are true and complete to the best of my knowledge and are in good faith.

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**APPLICANT SIGNATURE**

**G. STREET GANGS**

ARE YOU CURRENTLY A MEMBER OF A STREET GANG?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE NAME
HAVE YOU EVER BEEN A MEMBER OF A STREET GANG?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE NAME
ARE ANY OF YOUR ACQUAINTANCES MEMBERS OF STREET GANGS?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE NAME

**H. FAMILY BACKGROUND**

FATHER'S NAME (Even if deceased)
ADDRESS (No., Street, City, State, Zip)
MOTHER'S NAME (Even if deceased)
ADDRESS (No., Street, City, State, Zip)

SPOUSE'S NAME (If applicable)
ADDRESS (No., Street, City, State, Zip)

**PLEASE LIST NAMES AND ADDRESSES OF ALL BROTHERS AND SISTERS**

NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)
NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)
NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)
NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)
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NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)
NAME (Last, First, Middle)
ADDRESS (No., Street, City, State, Zip)

**I. EMPLOYMENT: HAVE YOU EVER BEEN EMPLOYED BY THE STATE OF CONNECTICUT?**  YES  NO

**HAVE YOU EVER BEEN EMPLOYED BY THE CONNECTICUT DEPARTMENT OF CORRECTION?**  YES  NO

**IF YOU HAVE EVER BEEN EMPLOYED BY THE STATE OF CONNECTICUT, PLEASE INCLUDE IN ADDITION TO YOUR EMPLOYMENT HISTORY LISTED BELOW.**

<b>STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST ALL EMPLOYMENT YOU HAVE HELD DURING THE LAST 10 YEARS</b>					
OFFICIAL JOB (Start with most recent title)		COMPANY NAME		TYPE OF BUSINESS	
NAME & TITLE OF IMMEDIATE SUPERVISOR			BUSINESS ADDRESS		
			PHONE NO.		
EMPLOYED FROM	TO	TOTAL (yrs., mos)		HOURS PER WEEK	
(mo)   (yr)	(mo)   (yr)			(full time)	(part time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (Must be listed)					

**EMPLOYMENT (CONTINUED)**

OFFICIAL JOB (Start with most recent title)		COMPANY NAME		TYPE OF BUSINESS	
NAME & TITLE OF IMMEDIATE SUPERVISOR			BUSINESS ADDRESS		
			PHONE NO.		
EMPLOYED FROM (mo)	(yr)	TO (mo)	(yr)	TOTAL (yrs., mos)	HOURS PER WEEK
				(full time)	(part time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (Must be listed)					
OFFICIAL JOB (Start with most recent title)		COMPANY NAME		TYPE OF BUSINESS	
NAME & TITLE OF IMMEDIATE SUPERVISOR			BUSINESS ADDRESS		
			PHONE NO.		
EMPLOYED FROM (mo)	(yr)	TO (mo)	(yr)	TOTAL (yrs., mos)	HOURS PER WEEK
				(full time)	(part time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (Must be listed)					
OFFICIAL JOB (Start with most recent title)		COMPANY NAME		TYPE OF BUSINESS	
NAME & TITLE OF IMMEDIATE SUPERVISOR			BUSINESS ADDRESS		
			PHONE NO.		
EMPLOYED FROM (mo)	(yr)	TO (mo)	(yr)	TOTAL (yrs., mos)	HOURS PER WEEK
				(full time)	(part time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (Must be listed)					

**J. DISCHARGE**

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, ANSWER THE FOLLOWING:	
NAME OF EMPLOYER / COMPANY		EMPLOYED FROM (mo)    (yr)	TO (mo)    (yr)	NAME & TITLE OF IMMEDIATE SUPERVISOR	
ADDRESS OF EMPLOYER / COMPANY				TELEPHONE NUMBER	
REASON FOR TERMINATION					
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, ANSWER THE FOLLOWING:	
NAME OF EMPLOYER / COMPANY		EMPLOYED FROM (mo)    (yr)	TO (mo)    (yr)	NAME & TITLE OF IMMEDIATE SUPERVISOR	
ADDRESS OF EMPLOYER / COMPANY				TELEPHONE NUMBER	
REASON FOR TERMINATION					

**K. ANTICIPATED NON-COMPLIANCE**

Is there anything about you that would preclude you from wearing a correctional uniform or working rotating shifts, working weekends, or working in inclement weather, or any other reason that would hinder your cooperating with the Department of Correction and everyday procedures?

YES     NO    **IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.**

\_\_\_\_\_

\_\_\_\_\_

**L. FULL DISCLOSURE**

**NOTE:** The answer to these questions in and of themselves will not preclude you from being hired. They are merely being asked to fully appraise the department of your background and prevent the possibility of compromising you in the future.

Is there anything in your past or present which would embarrass you or the department so as to possibly cause you to compromise the discharge of your duties should you be hired by the Department of Correction?

YES     NO    **IF YES, PLEASE EXPLAIN.**

\_\_\_\_\_

Do you have any relative(s) or cohabitants working for the Department of Correction?

YES     NO    If yes, state name, relationship, and facility assigned.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had correspondence (written or verbal) including visitation, telephone communication or the exchange of mail with an offender incarcerated in the Connecticut Department of Correction?

YES     NO    If yes, state name, relationship, type of correspondence and facility assigned.

\_\_\_\_\_

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**(L. FULL DISCLOSURE - CONTINUED)**

Do you have any family members who are currently incarcerated with or under the jurisdiction of the Department of Correction?

**YES**                      If yes, state name, relationship, and facility where incarcerated.

\_\_\_\_\_

**NO**                              If no and your circumstances change, you must immediately notify the Department of Correction to update your file.

I acknowledge that if I am employed by the Department of Correction I am prohibited from visiting, corresponding with or accepting telephone calls from an inmate who is under the custody of the Department (except for an immediate family member and when authorized by the Facility Administrator). For the purpose stated above, immediate family is defined as: a spouse, parent or step parent, child or step child, grandparent or step grandparent, sibling or step sibling, grandchild or step grandchild.

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

Other than medical purposes, have you ever abused alcohol or drugs?

**YES**       **NO**      If yes, explain in detail, (i.e.: type, frequency and date).

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this supplemental application and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this supplemental application, including employment information, are subject to verification as a condition of employment.

**APPLICANT'S SIGNATURE**

**DATE**