



350 Farmington Ave
 Hartford Connecticut, 06105
 (860) 548-0301 Fax: (860) 548-0307

SUMMER YOUTH EMPLOYMENT APPLICATION
 Organized Parents Make A Difference, Inc. OPMAD
 Use ink (Please Print or Type)

Date: _____

Work Desired: Counselor In Training

Sites Available: Moylan

INCOMPLETE OR UNSIGNED APPLICATION WILL NOT BE CONSIDERED

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.

PERSONAL DATA

Name:

Last First M.I.

Address:

Number Street Apt#

City State Zip

Home Phone: ()
 Cell Phone: ()

Date of Birth:

Social Security #:

Years at present address:

REMARKS: If you answered YES to Questions 3 and 4 please explain.

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: _____

4. What shirt size do you prefer? Small Medium Large XLarge 2XLarge
 Circle: Men's or Women's

Use additional paper and attach if necessary

EDUCATIONAL RECORD

Circle 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 Sem. Qtr.	YR. OF DEGREE OR CERTIFICATE

EMERGENCY INFORMATION

Person to Notify: _____
 Name Address Telephone

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**Computer Skills:**

Software Programs: _____

Types of Computers: _____

FOREIGN LANGUAGE:

Language: _____

Read _____

Write _____

Speak _____

PLEASE LIST ALL CHILD DEVELOPMENT CLASSES THAT YOU HAVE COMPLETED OR ENROLLED IN TO DATE. (add additional page if necessary)

Work History 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.

FROM: Mo. Yr.	Your Title:	No. Supervised:	Name of Present or Last Employer:
To: Mo. Yr.	Your Duties:		Address:
Salary Per Month			City/State/Zip:
Hours Per Week			Supervisor's Name & Title:
Reason for Leaving:			Telephone:
FROM: Mo. Yr.	Your Title:	No. Supervised:	Name of Present or Last Employer:
To: Mo. Yr.	Your Duties:		Address:
Salary Per Month			City/State/Zip:
Hours Per Week			Supervisor's Name & Title:
Reason for Leaving:			Telephone:
FROM: Mo. Yr.	Your Title:	No. Supervised:	Name of Present or Last Employer:
To: Mo. Yr.	Your Duties:		Address:
Salary Per Month			City/State/Zip:
Hours Per Week			Supervisor's Name & Title:
Reason for Leaving:			Telephone:

May we contact your present and/or previous employer and references for a reference? Yes No
Comment:

REFERENCES	Address	Telephone	Occupation
Name			

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: _____

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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.**



ACKNOWLEDGEMENT OF AT-WILL EMPLOYMENT

I _____, hereby accept the offer of employment as **Counselor in Training (CIT)** 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