



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 Will Work At: Moylan Kennelly

**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

**AN EQUAL OPPORTUNITY EMPLOYER**





## 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