

51 Gillett Street 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 Trainin	ng			
Sites Will Work At: Moylan	Kennelly			
INCOMPLETE OR LINSIGNED APPLICATION WILL NOT BE CONSIDERED				

OPMAD is an equal employment accommodation in completing please make that fact known in	this or any other form, in ta	aking any employment-related	d examinations,	or with respe	ct to any othe	r aspect o	
PERSONAL DATA Name:					Home Phor)
Last	First	M.I.			Date of Bi	rth:	
Address:	1 1131	IVI.1.			Social Sec	urity#:	
Number	Street	Apt#					
					Years at pr		dress: you answered YES to
City	State	Zip					please explain.
ADDITIONAL EMPLOYME 1. If selected for employment work in the United Sates? 2. Do you have a valid Connectic.#: 4. What shirt size do you prefer Check: Men's or Women	cticut Drivers License? Expiration: The control of		☐ Yes ☐ Yes ☐ 2XLarge		Use add		I paper and attach if ecessary
EDUCATIONAL RECORD							
Circle highest grade co	mpleted: 6 7	8 9 10	11 12				
Name of high school last a	attended:	Gradua	ate? 🗌 Yes	□ No	☐ G.E.D.		
NAME AND LOCATION OF	ION OF COLLEGES OR JOB-RELATED TRADE SCHOOLS ATTENDED MAJO					YR. OF DEGREE OR CERTIFICATE	
EMERGENCY INFO	RMATION						
Person to Notify:	Name		Address			Tele	phone
		AN EQUAL OPPORTUM	NITY EMPLOY	YER			



Computer Skills:	FOREIGN LANGUAGE:				
Software Programs:	Language:	Read	Write	Speak	
Types of Computers:					

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:		f Present or Last Employer:		
To: Mo.	Yr.	Your Duties:			Address:		
Salary Per Month					City/Sat	te/Zip:	
Hours Per Week					Supervisor's Name & Title:		
Reason for Leaving	g:				Telepho	one:	
FROM: Mo.	Yr.	Your Title: No. Supervised: Name of Present or Last Employe			f Present or Last Employer:		
To: Mo.	Yr.	Your Duties: Address:			x:		
Salary Per Month	Salary Per Month				City/Sate/Zip:		
Hours Per Week					Supervisor's Name & Title:		
Reason for Leaving	g:				Telepho	one:	
FROM: Mo.	Yr.	Your Title: No. Supervised: Name of Present or Last			f Present or Last Employer:		
To: Mo.	Yr.	Your Duties:			Address:		
Salary Per Month				City/Sate/Zip:			
Hours Per Week	Supervisor's Name & Ti			sor's Name & Title:			
Reason for Leaving:				Telephone:			
May we contact you Comment:	ur present and/	or previous employer and references for a ref	Ference?	Yes 🗌	No 🗌		
REFERENCES			T 1	Talanhana			
Name		Address	Tele	Telephone		Occupation	
						<u> </u>	

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:

AN EQUAL OPPORTUNITY EMPLOYER

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

Ι	_, hereby accept the offer of employment as <u>Counselor in</u>
Training (CIT) OPMAD made to	me. I understand that this offer is contingent upon the
successful completion of criminal b	ackground investigation. Should the investigation produce
information that does not meet the	Federal, State or County guidelines regarding criminal
activities as they pertain to working	g 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 wit	hout 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 term	ıs.
Employee Signature	Date