

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

	U	se ink (Please Print o	r Type)					
	Plata							
51 Gillett Street	Date:							
Hartford, CT 06105	Sites Will Work At:   Jumoke Acader			) Mary	Hooker			
Office: (860) 548-0301	☐ Montessori Magnet				AMS @ Moylan			
Fax: (860) 548-0307	INCOMI LETE ON UNGIONED AT	I LICATION WILL	NOT B	LCON	ISIDENED			
•PMAD 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:				Home Phone: ( ) Cell Phone: ( )				
Last First	<b>M</b> .I.	Date	Date of Birth:					
Address:		Soci	Social Security #:					
Number Street	Apt#							
		Year	s at pres	sent ad	dress:			
City State Zi	p	REM	REMARKS: If you answered YES to					
Email address:		Que	suons a	unrou	ıgh 5 please explain.			
ADDITIONAL EMPLOYMENT DATA  1. If selected for employment, could you furnish verification of your legal right to work in the United Sates?  2. Do you have a valid Connecticut Drivers License?  Yes No								
Lic.#: Expiration:								
3. Have you ever been discharged or requested to resign for misconduct or unsatisfactory service?								
4. Are you a Work Study student?								
		Use additional paper and attach if necessary						
EDUCATIONAL RECORD								
Circle highest grade completed: 6 7	8 9 10 11 12							
Name of high school last attended:	Graduate? 🗌 Yes	□ No □ G.I	Ē.D.					
NAME AND LOCATION OF COLLEGES OR JOB-RELAT	TED TRADE SCHOOLS ATTENDED	MAJ●R	T●TA UNIT Sem.	S	YR. ●F DEGREE ●R CERTIFICATE			
EMERGENCY INFORMATION Descent to Matifie								
Person to Notify: Address Telephone								
AN EQUAL OPPORTUNITY EMPLOYER								

		51							
	_	Computer Skills:	FOREIGN	GN LANGUAGE:					
OP MAO Organized		Software Programs:	Language:		Read	Write	Speak		
Parents Make A Difference		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 jobs you held mo number of hours	most recent Job. List all jobs ore than ten years ago which	relate to the duties or qualificati You may also list any volunteer	ons of the job	for which	you are ap	olying. Be sure	to include the		
FROM: Mo. Yr.	Your Title:	No. Supervi	sed:	Name of Present or Last Employer:			-		
To: Mo. Yr.	Your Duties:				Address:				
Salary Per Month				City/Sate/Zip:					
Hours Per Week					Supervisor's Name & Title:				
Reason for Leaving:				Telepho	one:				
FROM: Mo. Yr.	Your Title: No. Supervised:			Name of Present or Last Employer:					
To: Mo. Yr.	Your Duties:				Address:				
Salary Per Month	City/Sate/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/Sate/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  No									
REFERENCES Name	Address		Telephone	1	Occupation	on	,		
rume									
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. Lagree that if employed. I will abide by all policies and procedures established by the administration									

Signature of applicant:
AN EQUAL OPPORTUNITY EMPLOYER

Date:

Date available for employment:



## ACKNOWLEDGEMENT OF AT-WILL EMPLOYMENT

I	_, hereby accept the offer of employment as					
	OPMAD made to me. I understand that this offer is					
contingent upon the successful comp	pletion of criminal background investigation. Should the					
investigation produce information t	hat 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 immedi	ately.					
I further understand that OPMAD	is hiring me on an "At Will" basis and my employment may be					
terminated at any time, with or with	nout 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	5.					
Employee Signature	Date					