

**STATE OF CONNECTICUT**  
**BOARD OF REGENTS FOR HIGHER EDUCATION**  
**CONNECTICUT STATE COLLEGES & UNIVERSITIES**

**EMPLOYMENT APPLICATION**

The Board of Regents for Higher Education is an affirmative action/equal opportunity employer; women, protected group members, and persons with disabilities are strongly encouraged to apply. It is the policy of the Board that applicants for employment shall not be discriminated against on the basis of their race, color, religious creed, age, sex, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, political belief, veteran status, sexual orientation, genetic information or criminal record.

**INSTRUCTIONS TO APPLICANTS: Please complete the application in its entirety, including personal information, educational background, employment, salary history, references and certification.**

PLEASE TYPE

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Home Cell

COLLEGE TO WHICH YOU ARE APPLYING \_\_\_\_\_

Full-time  
 Part-time  Either

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

It is the policy of the Board to recognize only those degrees granted by regionally accredited institutions of learning. If the institution of higher learning is located outside the United States, you are responsible for providing documentation from a recognized USA accrediting service which specializes in determining foreign education equivalencies. The responsibility for and costs associated with obtaining equivalency information rests with the applicant.

Dates (From-To)	Institution	Location (City, State)	Degree Awarded (e.g. BA., MBA)	Major/Area of Concentration

Please list any license or professional designation (e.g. P.E., C.P.A.) \_\_\_\_\_

**EMPLOYMENT IN EDUCATION**

(List in reverse chronological order beginning with your current/last position)

Dates (From - To)	Institution & Location	Rank or Position	Annual Salary	Reason for Leaving

Please see reverse

**EMPLOYMENT OTHER THAN IN EDUCATION**

(List in reverse chronological order beginning with your current/last position)

Dates (From – To)	Organization & Location	Position	Annual Salary	Reason for Leaving

**HAVE YOU BEEN INVOLUNTARILY SEPARATED FROM EMPLOYMENT WITHIN THE LAST TEN YEARS?**

YES  NO Involuntary separation includes dismissal for cause, layoff, reorganization, elimination of position or any other involuntary discontinuation of employment. If yes, please explain fully (attach sheet if necessary) \_\_\_\_\_

**SUPERVISORY REFERENCES**

Please list three persons who are not related to you and who have knowledge of your qualifications and fitness for the position for which you are applying. Include your immediate supervisor at your present and prior places of employment. It is the policy of the Board to contact references for candidates who are finalists.

Name	Title / Occupation	Address/Email Address	Telephone

**THIS SECTION TO BE COMPLETED ONLY BY CANDIDATES SEEKING PART-TIME TEACHING EMPLOYMENT**

**SUBJECT AREAS WHICH YOU ARE QUALIFIED TO TEACH:** (If you do not have a Master's degree in a discipline which you consider yourself qualified to teach, please indicate the experience which qualifies you to teach in that discipline.)

**AVAILABILITY:**       Days       After 5 p.m.       Weekends

**CERTIFICATION and SIGNATURE of APPLICANT**

I hereby certify that the information provided on both sides of this application and all information provided throughout the pre-employment process is accurate, complete and true. I understand that failure to provide information which is accurate, complete and true may result in disqualification from further employment consideration or, if employed, may result in my dismissal. I agree to have official transcripts of all of my undergraduate and graduate studies submitted when requested by the employer and hereby authorize the Board of Regents and its agents to contact references and former employers relative to my application for employment. Finally, I understand that employment, if offered, is contingent upon proof of citizenship or employability under the requirements of the Immigration Reform Control Act (IRCA).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_