

**Hampton Board of Education
Hampton Elementary School
380 Main Street
Hampton, Connecticut 06247
(860) 455-9409**



APPLICATION FOR EMPLOYMENT

Hampton is committed to excellence for all, and as such, we encourage applications from all people, including women, members of ethnic and racial minorities and protected classes, veterans and persons with disabilities.

EMPLOYMENT APPLICATION PROCEDURE

1. Complete all applicable sections of the application.
2. Type or print in ink all requested information.
3. Sign and date the application.
4. Submit all materials to:
Hampton Elementary School
380 Main Street
Hampton, CT 06247

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Preferred Prefix: <input type="checkbox"/> None <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Street Address:		
Town or City	State	Zip
Home Telephone Number (w/area code):	Work or Alternate Phone Number (w/area code):	
E-mail address:		

In accordance with their policies, Hampton Board of Education does not discriminate on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, genetic information, gender identity or expression, disability, (including pregnancy), status as a Veteran, or any classification protected by state or federal law, regarding any individual who can perform the essential functions of the job with or without reasonable accommodations physical disability (including blindness) or other disability (except in the case of a bona fide occupational qualification or need.) in any of its educational programs, activities, or employment.

EMPLOYMENT DESIRED

Position applying for:

EDUCATION

Certificates and Diplomas:	Name of Institution	Major
<input type="checkbox"/> High School <input type="checkbox"/> Associates Degree		
Bachelor's Degree:		
Master's Degree:		
Doctorate:		
Other Degrees/Graduate Work:		

**Please include transcripts related to all above levels of education.*

PREVIOUS RELATIONSHIP WITH SUPERINTENDENT OR ANY BOARD MEMBER

Please disclose any previous relationship with the Superintendent or any Board of Education member. Previous relationships will include any business, financial, personal, political or family connections. This will also include school relationships such as knowing the individual in high school, college or graduate school. The Superintendent shall provide the Board with full disclosure of any prior knowledge or relationship with any candidate recommended for employment.

REFERENCES

Please list three individuals other than relatives, who can provide information concerning your work ability.

Name:

Address:

Telephone:

Occupation:

Name:

Address:

Telephone:

Occupation:

Name:

Address:

Telephone:

Occupation:

EMPLOYMENT EXPERIENCE

Current or most recently held position must be listed first. It is important to complete each section below.

Current Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To(month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		
Former Employer	From (month/year)	To (month/year)
Name of Supervisor	Annual Salary	Or Hourly Rate
Address:		Telephone:
Reason(s) for leaving		
Job Title and duties		

MILITARY SERVICE

Branch	Rank	Dates of Service
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ADDITIONAL INFORMATION
Summarize special job-related skills, qualifications, or training required
Personal Computer Use <input type="checkbox"/> IBM <input type="checkbox"/> Apple Macintosh
Software Applications
Special Skills
Machinery/Equipment Operated
Occupational Licenses or Certificates Held

VOLUNTARY INFORMATION: <i>The information is requested on a voluntary basis, and will be used solely in connection with Affirmative Action obligations and reporting requirements. Refusal to provide this information will not subject the applicant to any adverse treatment. All information regarding a disability in accordance with the ADA (Americans with Disabilities Act) will be kept confidential.</i>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American
Person with disability	<input type="checkbox"/> Yes <input type="checkbox"/> No Type

APPLICANT'S STATEMENT: PLEASE SIGN
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or rescission of an offer of employment. I understand, also, that I am required to abide by all rules and regulations of the Board of Education that may employ me.
Signature of Applicant: _____ Date: _____

This application will be kept in the Office of the Superintendent for one (1) year from the initial date of application.

If employment is offered and accepted, you will be required to submit documentation to establish your identity and verification of your legal right to work in the United States prior to the commencement of employment. CT Law Requires Public School Employees to submit to a local and federal criminal history check within 30 days of their date of hire.

Addendum to Employment Applications

Public Act 93-328, An Act Concerning Applicants for School Employee Position

The Hampton Board of Education has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following to help us meet these requirements, pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any other name? If yes, please list the name(s) below.
 Yes No

2. Have you ever been convicted of a crime, either within or outside the State of Connecticut?
 Yes No If yes, identify the approximate location and nature of each such conviction on a separate piece of paper and attach to this form.

3. Are any criminal charges currently pending against you, either within or outside of the State of Connecticut?
 Yes No If yes, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach it to this form.

I understand that if I am employed by the Hampton Board of Education, I will be required to submit to a state and national criminal history records check. I understand that within a period of 30 days from my date of hire that I will be required to submit to fingerprinting, at my own expense, and that my fingerprints will be forwarded to the Connecticut State Police and the Federal Bureau of Investigations to complete said criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Hampton Board of Education, the Board of Education may immediately terminate my employment in accordance with the provisions of Public Act 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers to supply any information regarding my background to the Hampton Board of Education and to its agents and employees, and I hereby release all such current and former employers and all law enforcement agencies from any liability arising from the supplying and use of such information.

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in consideration of my application for employment. I understand that any omissions, false statements made on this addendum or failure to comply with the requirements stated above will be sufficient grounds for failure to employ, or termination of my employment with the Board of Education.

Name (Printed)

Signature of Applicant

Date _____

Requesting Entity: _____

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: _____

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/6/2019

If you need additional information or assistance, please contact:

<p>Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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SIGNATURE	DATE
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This document must be retained by the Entity.

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).