

CENTRAL CONNECTICUT REGIONAL PLANNING AGENCY

An Equal Opportunity Employer
Pre-employment Questionnaire
February 20, 2007

PLEASE TYPE OR PRINT

Date:

Position for which you are applying:

PERSONAL INFORMATION

Name (Last, First, Middle initial):

Social Security #:

Driver License #:

Other Name(s) Used:

TELEPHONE(S) & email

Current Address:

Daytime:

Evening:

Permanent Address (if different from above):

Cell:

email:

Best way(s) to communicate with you: email daytime phone evening phone cell

May we contact you at work? Yes No

Are you a U.S. Citizen: Yes No Are you an alien authorized to work in the U.S.: Yes No

Are you aware of the salary, or salary range, offered for this position? Yes No

May we contact your current employer? Yes No Not Applicable

How did you learn about this position?

Have you ever been convicted of a crime? Yes No

If so, describe:

I understand that a conviction will not necessarily result in the rejection of my application, but that the nature of the conviction will be considered as it relates to the performance of the specific job duties of the position.

U.S. Military Status:

Rank:

Type of discharge:

EDUCATION

Computer software with which you are literate:

License(s) and professional certification(s) you possess:

Names & addresses educational Institutions you have attended

Years Attended
From To

Degree(s) &
Major(s)

High School:		
College:		
College:		
Business/Trade School(s)		

EMPLOYMENT (in reverse chronological order; current, or most recent, employer first)

Employer Name & Address	Dates (mo./yr.) From To	Position Title and Salary	Reason for leaving

REFERENCES (professional associates not related to you, including at least one supervisor)

Name, Title, Type of Business	City & State	Telephone	Years known

CERTIFICATION

I certify that the information I have written in this pre-employment application are true and complete to the best of my knowledge and understanding. If employed by the CCRPA, I am aware that false written statements on this application are grounds for dismissal. I acknowledge that oral statements are not binding.

With my signature below, I agree, when asked, to provide the CCRPA with official transcripts with a raised seal from any/all of my educational institutions.

I consent to the CCRPA requirement for a pre-employment drug screen urine analysis as a condition of any offer of employment.

I authorize the CCRPA to investigate any written statements contained herein, and understand that the CCRPA may investigate motor vehicle records and/or criminal records. The references I have listed may be contacted to give the CCRPA any and all appropriate information concerning my previous employment. I release all parties from all liabilities for any damage(s) that may result from furnishing information to the CCRPA.

I understand that CCRPA employment, if offered, is contingent upon proof of United States citizenship, or employability under the requirement of the Federal Immigration Reform Control Act (IRCA), and that an at-will relationship exists between the CCRPA and its employees.

I certify, agree, consent, authorize, and understand everything quoted in the preceding paragraphs.

Signature:

Date:

Applicants Should Not Write Below This Line

Interviewed by:

Date:

Hired: Yes No

Date reporting to work:

Salary:

Position Title: