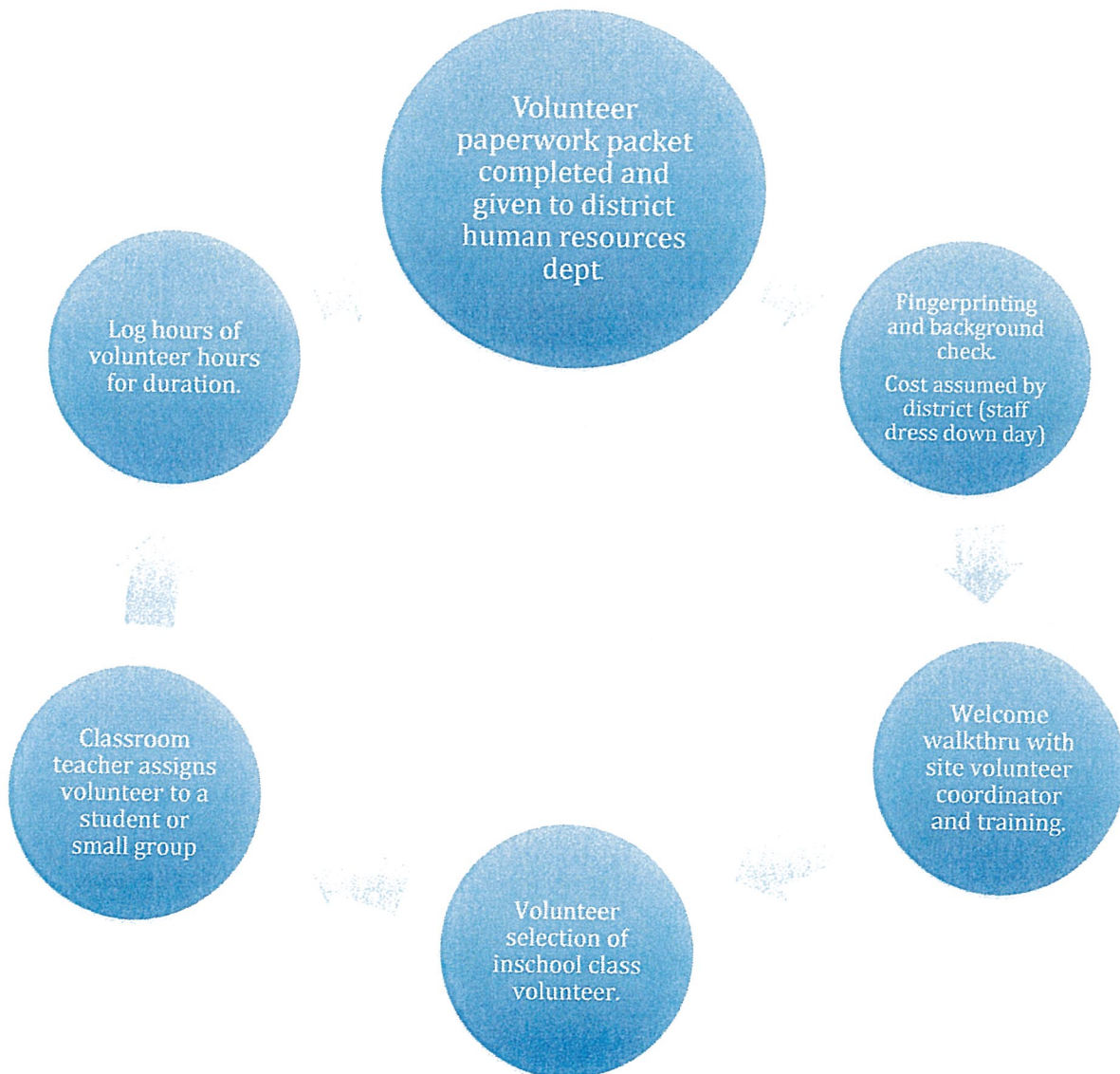
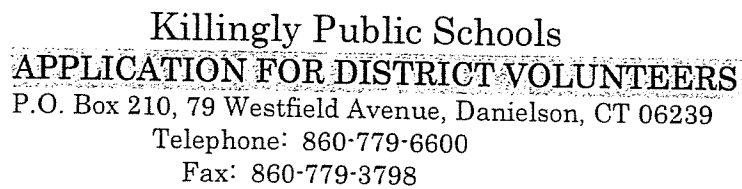


# KILLINGLY COMMUNITY VOLUNTEER PARTNERSHIP

## FUNCTIONAL FLOWCHART





Position Applied For: **Killingly Community Partnership Volunteer Program**

PLEASE TYPE OR PRINT LEGIBLY IN INK

Name:

Last

First

MI

S.S.#:            /            /

Address:

Home Ph. ( )

Work Ph. ( )

City, State, Zip:

Cell Ph. ( )

Mailing Address: (if different than above)

THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"

Are you a U.S. Citizen or authorized to work in the United States?    ☐ yes    ☐ no

Are you over 18 years of age? ☐ yes ☐ no

Are you employed now? ☐ yes ☐ no

May we inquire of your present employer? ☐ yes ☐ no

Have you ever applied to this company before? ☐ yes ☐ no  
If yes, when: \_\_\_\_\_ where: \_\_\_\_\_

To your knowledge, do you have any relatives working in the KPS?      ☐ yes      ☐ no

Have you ever been dismissed from employment for cause? ☐ yes ☐ no  
If so, please explain below:

## EMPLOYMENT HISTORY

Describe your employment history in detail under the headings below, starting with your present or last employer and list in reverse order. Indicate the nature of the work personally performed by you. If two or more positions were held during the same period of time, show the proportion of time spent at each. If your title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments.

### PRESENT OR LAST EMPLOYER

Name of Employer \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment From (Mo/Yr) To (Mo/Yr)	Title of Position	Name and Title of Supervisor
Description of Duties, Responsibilities and Accomplishments		

Salary (Starting): \_\_\_\_\_ No. of Hours worked per week: \_\_\_\_\_  
Salary (Ending): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### PRIOR EMPLOYMENT

Name of Employer \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment From (Mo/Yr) To (Mo/Yr)	Title of Position	Name and Title of Supervisor
Description of Duties, Responsibilities and Accomplishments		

Salary (Starting): \_\_\_\_\_ No. of Hours worked per week: \_\_\_\_\_  
Salary (Ending): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## BACKGROUND INFORMATION

As required by Connecticut Gen. Stat. Section 10-221d, the following information must be obtained from all job applicants. It also requires new employee criminal history records verifications and fingerprinting.

1. Have you ever been convicted of a felony or a first degree misdemeanor, either within or outside of the State of Connecticut?

☐ yes ☐ no

If "YES", what were the charges?

Where were you convicted?

Date of conviction:

2. Are there any criminal charges currently pending against you, either within or outside of the State of Connecticut?

☐ yes ☐ no

If "YES", what are the charges?

Where did the offense occur?

Date of offense:

3. Are you currently enrolled in a program of deferred adjudication (e.g. accelerated rehabilitation, pre-trial drug or alcohol education) pursuant to Connecticut General Statute 54-56(g)?

☐ yes ☐ no

"Conviction" for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s) criminal charge(s) or conviction(s), the record(s) of which have been erased pursuant to Connecticut General Statutes Section 46b-146, 54-76o or 54-142a. Such records can include records of a finding of delinquency, or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath. A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as time, seriousness and nature of the offense, as well as rehabilitation will be taken into account. Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire of Kim Gillespie-Burnham, Human Resources Director.

The Board is an equal opportunity employer that does not discriminate on the basis of color, race, religion, sex, sexual orientation, age, marital status, national origin, disability, veteran status or any other classification protected by Federal, State or local law.

# KILLINGLY PUBLIC SCHOOLS

## APPLICATION FOR DISTRICT VOLUNTEERS

### ADDENDUM

The following volunteer specific information is requested in an effort to identify and verify the particular assignment sought by a volunteer. This information will assist personnel from the district Human Resources Department and individual school administrators to determine volunteer placement and assignment.

I would like to be considered for the following placement and assignment. Please check ALL that apply.

#### KILLINGLY MEMORIAL SCHOOL

☐ GRADE 2   ☐ GRADE 3   ☐ GRADE 4

#### KILLINGLY CENTRAL SCHOOL

☐ Pre-KINDERGARTEN   ☐ KINDERGARTEN   ☐ GRADE 1

#### KILLINGLY INTERMEDIATE SCHOOL

☐ GRADE 5   ☐ GRADE 6   ☐ GRADE 7   ☐ GRADE 8

Please list and describe any other information that would assist the district in determining volunteer placement and assignment.

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The information provided will be seriously considered when determining volunteer placement and assignment. Volunteer placement and assignment will be at the sole discretion of district personnel.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Draft Dated 08September15

Date Approved: \_\_\_\_\_



DCF-3031  
12/12 (Revised)

## Authorization for Release of Information for DCF CPS Search



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability solely for (check one): ☐ Employment ☐ Day Care ☐ Volunteer ☐ Intern ☐ Mentor ☐ Other

By: Agency Name /  
Address/City / State /  
Zip Code

Attention: Superintendent of Schools  
Agency: Killingly Public Schools  
Address: 79 Westfield Avenue, P.O. Box 210  
City: Killingly

State: CT Zip Code: 06239

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First Middle

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Street (No P.O. Boxes) Apartment No.

City State Zip Code

How Long at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used	
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates		
					From (Month/Yr.)	To (Month/Yr.)	

Other Names I have Used - Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home - Past and Present					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Signature/Date (If Still in the Home)	

Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home					<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Gender	D.O.B. (Month/Day/Year)	

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

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.

\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Careline Background Searches - 505 Hudson Street - 5<sup>th</sup> Floor - Hartford, CT 06106 or FAX: 860-560-7071

**DCF-CT Careline CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ Central Registry: YES \_\_\_\_ NO \_\_\_\_ Processor's Initials: \_\_\_\_\_