

AMERICAN SCHOOL FOR THE DEAF

EMPLOYMENT APPLICATION INFORMATION AND GUIDELINES

The American School for the Deaf is an equal opportunity employer. Reasonable accommodations will be made for persons with disabilities during the application process or at the time of employment, if requested.

PLEASE READ BEFORE COMPLETING THE APPLICATION

- Resumes are not accepted in lieu of an application, but may be included.
- Employment applications and supplemental forms must be filled out completely and signed. The Affirmative Action Data Form is **NOT** used in the screening, interviewing, and hiring process.
- Applicants for professional faculty positions (e.g. teachers, counselors, etc.) must provide original college transcripts and professional certification to verify that they meet the minimum educational requirements. Applicants for non-faculty positions must provide original transcripts or diplomas. These should be submitted with the application or as soon as possible thereafter.
- Applicants **MUST** demonstrate in the application how they meet the qualifications stated in the job description. The application will be reviewed for evidence of the required and desired qualifications listed in the job description. All education, special skills, paid and volunteer work experience should be clearly written in detail on the application.

OTHER IMPORTANT INFORMATION

- Not all applicants are interviewed. If selected for an interview, you will be contacted directly, usually by telephone. It is important that the Human Resources Office has your correct telephone number. Do not attempt to contact the selecting supervisor or committee unless directed to do so.
- Applicants for direct service positions must also complete the Authorization for Release of Information Form, and submit the form to the Department of Children and Families. A direct service position is an employee who has frequent and direct contact with the students and clients of the American School for the Deaf. Examples of direct service employees include, but are not limited to, teachers, teacher aides, and residential counselors.
- You will receive written notification regarding the status of your application. Do not contact the Human Resources Office by phone unless you are directed to do so.
- Applications are active for one year after being received in the Human Resources Office. Updating an application should be done as necessary and all changes to name, address, and telephone number should be done in writing.
- Job postings will be frequently updated on both the ASD internal website and external website (<http://www.asd-1817.org>).

Applications should be mailed, or faxed, to: Human Resources Office, American School for the Deaf, 139 North Main Street, West Hartford, Connecticut 06107-1269, FAX (860) 570-1832.

APPLICATION FOR EMPLOYMENT

American School for the Deaf

Human Resources Office
139 North Main Street
West Hartford, CT 06107-1269

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) applied for: _____ Date of Application _____

How did you learn about ASD? Newspaper Advertisement Employment Agency Inquiry
 Internet Advertisement Relative/Friend Other _____

Last Name			First Name			Middle Name		
Address	Number	Street	Apt/Unit	City	State	Zip		
Telephone Number(s)				Email Address:				

Best time to contact you at home is: _____ : _____ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work: Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship or immigration status will be required upon employment)* Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available ____/____/____ to ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military?

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Employed From:	Employed To:	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Employed From:	Employed To:	
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Employed From:	Employed To:	
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Employed From:	Employed To:	
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check skills/equipment operated)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Spreadsheet	Production/Mobile	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Excel/Lotus/Other	Machinery (list)	Other (list)
WPM _____	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Shorthand	<input type="checkbox"/> Word/WordPerfect/Other	_____	_____
WPM _____	<input type="checkbox"/> Database software	_____	_____
<input type="checkbox"/> DeskTop Publishing	<input type="checkbox"/> Access/Paradox/Other	_____	_____
<input type="checkbox"/> Web Page Design	<input type="checkbox"/> Internet applications	_____	_____
<input type="checkbox"/> E-Mail	<input type="checkbox"/> PowerPoint	_____	_____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

REFERENCES

Name	Company & Address	Relationship	Phone

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary \$ _____ Department _____

By _____

Name and Title

Date

Nondiscrimination Notice

The American School for the Deaf (ASD) does not discriminate on the basis of race, color, national origin, disability, sex or age in treatment or employment at ASD, admission or access to ASD, or any other aspect of the educational programs and activities that ASD operates. ASD is required by Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106 and 110, not to discriminate in such a manner. Inquiries concerning the application of each of the aforementioned statutes and their implementing regulations to ASD may be referred to the U.S. Department of Education, Office of Civil Rights, at (617) 289-0111 OR 5 Post Office Square, 8th floor, Boston, MA 02109-3921, or to the applicable ASD Coordinator(s):

Alyssa Pecorino
 Coordinator of Student Support Services
 American School for the Deaf
 139 North Main Street
 West Hartford, CT 06107
 Alyssa.pecorino@asd-1817.org
 860-899-1209 (VP)

Patricia Schoenfeld
 Director of Human Resources
 American School for the Deaf
 139 North Main Street
 West Hartford, CT 06107
 patricia.schoenfeld@asd-1817.org
 860-570-1852
 860-899-1235 (VP)

PLEASE PRINT

Last Name			First Name			Middle Name			
Address	Number	Street	Apt/Unit	City	State	Zip			
Telephone Number(s)				Social Security Number				--	--

REFERRAL SOURCE:

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> Employee	<input type="checkbox"/> Other

COMPLETE ALL SECTIONS BELOW:

Current Job:
Birthdate:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

For Office Use Only

Position(s) applied for is open: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____/____/____
Position(s) considered for: _____	
HIRED – Position <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date ____/____/____

For Office Use Only

EMPLOYMENT ANALYSIS REGISTER

Gender:	
Race:	
Disability:	
Other:	
Referral Source:	
EEO1 Category:	
Disposition:	

 Signature of Applicant

 Date



Authorization for Release of Information for DCF CPS Search

DCF-3031
12/15 (Revised)

I, _____ do hereby authorize the Department of Children and Families to research
(Applicant Name – Please print)

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 / Attention: Human Resources
Address/City / State / Zip Agency: American School for the Deaf
Code City: 139 North Main Street West Hartford State: CT Zip Code: 06107

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: Last, First Middle Date of Birth: _____
Address: Street (No P.O. Boxes) Apartment No. Social Security #: _____
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	
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)			
N/A	N/A						
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)			
N/A	N/A						
Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No							

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 – 5th 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: _____

Memo

To: Applicants for American School for the Deaf

From: Human Resources Department

Date: May 2016

Re: DCF Background forms

Satisfactory background checks must be received before employment, internships or volunteers may be considered at the American School for the Deaf.

When completing the Department of Children and Families (DCF) form please:

1. Use **black ink and write/print** in clear penmanship.
2. Include your **full middle name** or write "**N/A**".
3. Write your current address. If you have lived at your present address for 5 years or more, **write "N/A"** on the "Previous Address" line. If not, list all addresses and dates for the **past 5 years**. If you require more than the two existing lines on the form, turn it over and write additional addresses and time lines on the back.
4. The form also asks you to list maiden names or previous full names you might have used. **If this does not apply to you, please write "N/A"**.
5. **SKIP** "Name of Spouses" and "Names of All Children" and answer last two questions: "Yes" or "No".
6. **Date and Sign your name** on the bottom of the form. Computer-generated signatures are not acceptable.

Following these instructions will avoid having to resubmit and ensure your background is found satisfactory before you arrive on campus.

Thank you for your cooperation.