



# Environmental Learning Centers of Connecticut

501 Wolcott Rd.,  
Bristol, CT 06010  
[www.elcct.org](http://www.elcct.org)

## **Application for Employment**

ELCCT considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, ELCCT complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. ELCCT also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the American Disabilities Act and applicable state and local laws.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you over 18 years of age      Yes      No      If no, state your age: \_\_\_\_\_

Are you willing to work overtime as necessary?      Yes      No

Date you can start? \_\_\_\_\_

Salary Desired \_\_\_\_\_

Have you ever been employed by ELCCT?      Yes      No

If yes, when: \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position in which you are applying?      Yes      No

If yes, please explain:

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Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, ELCCT will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?      All Employers      Current Employer Only

#### **EDUCATION**

School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or Degree received: \_\_\_\_\_

#### **EDUCATION**

School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or Degree received: \_\_\_\_\_

#### **EDUCATION**

School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or Degree received: \_\_\_\_\_

**PRIOR WORK HISTORY – Employer #1**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe in detail work performed: \_\_\_\_\_

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**PRIOR WORK HISTORY – Employer #2**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe in detail work performed: \_\_\_\_\_

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**PRIOR WORK HISTORY – Employer #3**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone Number: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe in detail work performed: \_\_\_\_\_

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**Other Skills/ Knowledge:** Use a blank piece of paper to fully explain, if necessary.

Environmental related knowledge: \_\_\_\_\_

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Teaching experience: \_\_\_\_\_

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Experience working with children in groups: \_\_\_\_\_

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Experience working with special needs: \_\_\_\_\_

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Watercraft skills: \_\_\_\_\_

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Ability to move around on rocky & uneven terrain: Yes No

Ability to work outdoors in varying temperatures: Yes No

### **Certifications**

Lifeguard Certification: Organization & Expiration Date: \_\_\_\_\_

CPR Certification: Organization & Expiration Date: \_\_\_\_\_

First Aid Certification: Organization & Expiration Date: \_\_\_\_\_

Other: Certification, Organization & Expiration Date: \_\_\_\_\_

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### **Additional Comments Related to Your Skills:**

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**Please submit a resume, cover letter, and list of 3 professional references with contact information and how you know them with this application.**

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**PREEMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)**

**I understand and agree that:**

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from ELCCT employ.
2. Any offer of employment I may receive from ELCCT is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to ELCCT.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree, that if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of ELCCT. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to ELCCT.
4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals that I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with our without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time or to make an agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_