



Connecticut Lottery Corporation

Human Resources

777 Brook Street, Rocky Hill, CT 06067

PHONE: (860) 713-2671 FAX: (860) 713-2670

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Read through all instructions before completing this application form. Type or print answers to ALL questions. This application must be fully completed and signed for further consideration. Resumes must be included, but are not a substitute for completion of this form. **Applications can be mailed, or faxed (as provided above) or emailed to Careers@ctlottery.org.**

POSITION APPLYING FOR:						
Name (<i>Last</i>)		(First)		(MI)	Suffix (Jr., Dr)	
Other Names: <i>Please list other name(s) you have used. Include last name, first name and middle initial for each.</i>						
Street:		Town/City:		State:	Zip Code:	
Area Code/Home Phone		Area Code/Work Phone		Area Code/Cellular Phone		
May we contact you at work? Yes No			E-mail Address:			
Are you eligible to work in the United States? Yes No			Are you at least 18 years old? Yes No			
Language Ability: Do you speak, read or write language(s) other than English? (<i>This information is voluntary</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:						
Are you presently a State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give your State title:	If yes, provide employee ID:	If not presently a State Employee, have you ever worked for the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EDUCATION						
Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, highest grade completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12						
SCHOOL	Name	Address	Credit Hours Completed	Major Course of Study	Did you Graduate?	Type of Degree or Certificate Received
TECHNICAL OR BUSINESS						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
LICENSES OR CERTIFICATES (e.g. legal, financial, engineering)						
Kind(s):	Issued by	Date(s) Issued	Expiration Date(s)	No.		
Have there ever been any actions against your professional license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a detailed explanation about the nature of the action and current status.</i>						
Do you possess a driver's license for the State of Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Proof of educational degrees, professional licenses, and/or or certificates will be required if offered employment.						

A. General Experience: Beginning with PRESENT OR MOST RECENT employment and working backward, list all positions held. List all positions (titles) separately even if for the same employer. If additional space is required, copy this page or attach a separate sheet of paper using the same format. Please continue the number sequence for additional jobs listed. *You must attach a copy of your resume to outline your specific job duties.*

APPLICANT NAME:

1) Official Job Title				Company Name		Type of Business	
Title of Immediate Supervisor				Dept. Where Assigned		Business Address, Phone No.	
Employed from (month/year)		To (month/year)		Total (Yrs./Mos.)		Hours Per Week Full Time: Part Time:	
No. and Titles of Employees Supervised by You				Reason for Leaving			
2) Official Job Title				Company Name		Type of Business	
Title of Immediate Supervisor				Dept. Where Assigned		Business Address, Phone No.	
Employed from (month/year)		To (month/year)		Total (Yrs./Mos.)		Hours Per Week Full Time: Part Time:	
No. and Titles of Employees Supervised by You				Reason for Leaving			
3) Official Job Title				Company Name		Type of Business	
Title of Immediate Supervisor				Dept. Where Assigned		Business Address, Phone No.	
Employed from (month/ year)		To (month/year)		Total (Yrs./Mos.)		Hours Per Week Full Time: Part Time:	
No. and Titles of Employees Supervised by You				Reason for Leaving			
4) Official Job Title				Company Name		Type of Business	
Title of Immediate Supervisor				Dept. Where Assigned		Business Address, Phone No.	
Employed from (month/year)		To (month/year)		Total (Yrs./Mos.)		Hours Per Week Full Time: Part Time:	
No. and Titles of Employees Supervised by You				Reason for Leaving			

B. Certification:

PLEASE READ

The Connecticut Lottery Corporation (CLC) is an Affirmative Action/Equal Opportunity Employer that does not tolerate unlawful discrimination or harassment. The CLC follows all applicable federal, state, and local laws regarding non-discriminatory hiring and employment practices.

I certify that the statements made by me on this application, accompanying resume, and all other statements and representations that I have made are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, or make any false or misleading statements, or intentionally withhold any pertinent information, I am subject to disqualification from further employment consideration or dismissal, if employed, and to such other penalties as may be prescribed by law or personnel regulations.

All statements made on this application, including employment information, are subject to verification as a condition of employment.

I understand that this is an application for employment and that nothing contained in this application or in the interview process is intended to create an employment contract. I understand that if I am employed, such employment is, unless superseded by collective bargaining agreement, at-will and for an indefinite period of time and that the CLC has a right to terminate my employment at any time and for any reason, with or without cause, and I retain a similar right. The CLC also has the right, subject to the collective bargaining process, to change wages, benefits and other terms and conditions of my employment at any time. I further understand that no manager or representative of the CLC has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing unless it is made in writing and signed by the President and Chief Executive Officer of the CLC or his/her authorized CLC representative.

All other outside employment must be disclosed and approved in order to continue that other employment after being employed by the CLC.

Please sign below that you have read and understand the terms and conditions relative to your employment as outlined in this application.

Signed:

Date:

APPLICANT NAME:

C. Demographic Information: In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application but is essential for the Connecticut Lottery Corporation to meet its statutory reporting obligation.

Sex: Male Female

Race/Ethnic Data:

- Black/African American (*not Hispanic or Latino Origin*)
- Hispanic or Latino
- White (*not Hispanic or Latino*)
- American Indian or Alaskan Native
- Asian or Other Pacific Islander
- Two or More Races

D. Primary Source of Job Notice: Where did you learn about this job opportunity?

- State of Connecticut Website
- Connecticut Lottery Website
- Newspaper: Please Specify
- Current CLC employee
- Social Media (i.e. Facebook, Twitter, LinkedIn): Please Specify
- Other: Please Specify

E. Employment:

- 1) Do you have other employment that you intend to continue if employed by the CLC? Yes No
If yes, please list company name(s), position(s) held, and hours worked.
- 2) Have you ever been dismissed from any job other than layoff? Yes No
If yes, which employer(s) and why?
- 3) Is there any reason why any of your past employers would give you a negative reference? Yes No
If yes, which one(s) and why?

The Department of Consumer Protection (DCP) is responsible for regulating gaming entities within the State of Connecticut. In this capacity, the DCP mandates that no person may be employed by the Connecticut Lottery Corporation (CLC) unless such person applies for and is granted an occupational license. All offers of employment are contingent upon a successful background check to be granted an occupational license.

In accordance with the Immigration Reform and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States.

Applicants are responsible for providing documentation from a recognized USA accredited service which specializes in determining foreign education equivalencies for degrees from institutions of higher learning located outside of the United States. The responsibility and costs associated with obtaining this equivalency information rests with the applicant.

Please note: This application will remain on file for the stated position for a six-month period. Newly hired employees serve at least a six-month probationary period. The CLC is a smoke-free environment.



Authorization to Release Information

I hereby authorize the Connecticut Lottery Corporation (CLC) to contact my current and/or former employer(s), educational institution(s), references and other third parties (collectively hereinafter referred to as "Third Parties") to verify and obtain additional information related to the information I have provided in the application and recruitment process and/or to discuss my background, past performance and/or suitability for employment.

I hereby consent to the release and disclosure of information from such Third Parties including performance appraisals and educational degrees. I release, indemnify and hold harmless the CLC, the State of Connecticut, their officers, employees, agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, demands, damages, liabilities, and/or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.

I authorize such Third Parties to release information as requested by the CLC for pre-employment evaluation purposes. In addition, I hereby relinquish any and all claims, present and future, against any person and/or organization contacted in the exercise of the above granted authority for information given truthfully and in good faith to this inquiry.

I have carefully read and understand and agree to all the terms and conditions of the above statements. I am aware that the CLC intends to contact my current employer(s), unless I have indicated on the following page regarding reference checks, not to do so unless and until a contingent offer of employment has been made.

CLC agrees to take all reasonable measures to keep any information received confidential.

A photo/fax copy of this signed form is acceptable authorization.

NAME: _____
(Please print)

Signature of Applicant

Date



Request for References

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME:
POSITION APPLYING FOR:

PROFESSIONAL REFERENCES: Please provide the names and addresses of three or four individuals who can comment on the quality of your work. *Minimum of 2 Supervisory References.* Please do not include relatives. As indicated on the Authorization to Release Information, we will also contact employers, educational institutions, and other relevant third parties for verification as well.

1. NAME:		TITLE:	
COMPANY NAME:			
COMPANY ADDRESS:		STREET:	
TOWN:		STATE:	ZIP CODE:
PHONE (inc. area code):		FAX (inc. area code):	
EMAIL ADDRESS:		FORMER SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. NAME:		TITLE:	
COMPANY NAME:			
COMPANY ADDRESS:		STREET:	
TOWN:		STATE:	ZIP CODE:
PHONE (inc. area code):		FAX (inc. area code):	
EMAIL ADDRESS:		FORMER SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME:		TITLE:	
COMPANY NAME:			
COMPANY ADDRESS:		STREET:	
TOWN:		STATE:	ZIP CODE:
PHONE (inc. area code):		FAX (inc. area code):	
EMAIL ADDRESS:		FORMER SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. NAME:		TITLE:	
COMPANY NAME:			
COMPANY ADDRESS:		STREET:	
TOWN:		STATE:	ZIP CODE:
PHONE (inc. area code):		FAX (inc. area code):	
EMAIL ADDRESS:		FORMER SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			