#### INSTRUCTIONS FOR COMPLETING A CERTIFICATE OF EMPLOYABILITY APPLICATION

#### **ELIGIBILITY**

This application is for individuals who have been convicted of a crime *and* are a current resident of the State of Connecticut. The following rules apply:

- If you are currently incarcerated you do not qualify.
- If you are currently under supervision by the Department of Correction's Parole and Community Services Division and have successfully completed 90 days of supervision.
- If you have successfully completed your sentence, are not currently under supervision, have no new arrest(s) and have been in the community for a minimum of 90 days.

A Certificate of Employability is for employment and licensure purposes only. This does not erase your criminal history. You can only apply for a Certificate of Employability with the Board of Pardons and Paroles (BOPP) if you meet the above criteria.

### HOW TO PREPARE AND SUBMIT THIS CERTIFICATE OF EMPLOYABILITY APPLICATION

- 1. You can fill the form on line and print. If you cannot type your application responses, please print legibly. Responses that are not legible (able to be read) may delay a decision on your application or result in your application being denied.
- 2. Please use binder or paper clips to keep the pages of your application together when you submit your application. DO NOT staple or place your application in bound folders. Please make sure that each document that you include in your application has your name and date of birth on it, and make sure that your application is in the following order:
  - a. The Application with page 5 notarized.
  - b. A Photocopy of your driver's license or State I.D.
  - c. Any other documentation or paperwork that you wish to include for the BOPP to consider (certificates, diplomas, resumes, evaluations, etc.).
  - d. Supervising Officer Questionnaire
- 3. You are expected to answer all questions on this application truthfully. The BOPP will be doing a thorough criminal background check on every person who applies for a BOPP-issued Certificate of Employability, and will talk to your Parole Officer. Please note that lying or leaving out any information asked for on this application can be grounds to deny your application.
- 4. Mail your application and any other documents or paperwork that you want the Board of Pardons and Paroles to consider to:

Board of Pardons and Paroles
Attn: Pardons Unit
55 West Main Street, Suite 520
Waterbury, CT 06702

Applications will be reviewed in the order that they are delivered to the Board of Pardons. NO APPLICATIONS WILL BE ACCEPTED IN PERSON. It is highly recommended that you make a copy of all of the documents and paperwork that you mail to the Board of Pardons and Paroles to keep for your personal records because the Board of Pardons will not return any documents or paperwork that it receives. It is also highly recommended that you send your application by certified mail. The BOPP is not responsible for applications that are lost if they are not sent by certified mail. If you have any questions or need any help completing your application, please call the BOPP office at 203-805-6643 or talk to your Supervising/Parole Officer.

# **STATE OF CONNECTICUT**



## **BOARD OF PARDONS AND PAROLES**

55 West Main Street - Waterbury, CT 06702

# Application for Certificate of Employability

Last name			First name				Middle name		
Data of histh	I Oi-li				Diana af himth				l O a a da a
Date of birth	Social securit	y number			Place of birth				Gender
Address (Number and street,	)			Apartment	number/floor	City		State	Zip o
Home phone number		Business pho	ne number		Cell phone nur	nber		E-mail addre	ess
		·			·				
Section 2: Family I	nformatio	n							
Please list all member	s of your ho	usehold <i>(an</i>	yone who live	es with you	) below:				
	Nam	е			Age			Relations	hip to you
1.									
2.									
3.									
4.									
5.									
How long have you live	ed at your c	urrent addre	ess?						
Current marital status	□ Single	Married	d Divorce	od □86	eparated	Widow	Widow	or Civ	il union
Current marital status		iviai i iec		suSe	:parateu [	vvidow	vvidow	ei	ii uriiori
Current spouse/partne	er's name: _								
Section 3: Alias an	d Other N	ames							
State, in full, every oth during which you were									
1			-	maidenn	ame, name k	у а юппе	i mamaye, a	aliases, ariu	nicknames).
2.									
3.									
	- Annlinet	ian Hiatan							
Section 4: Previous									
Have you applied for a	Certificate	of Employal	oility or Provis	sional Parc	lon in the pas	st? Ye	es 🗌 No		
If yes, please state the	e month(s) a	ind year(s) y	ou applied:						
Section 5: Citizens Are you a citizen of the			ica?  Yes	☐ No					
If you answered no, co	ountry of citiz	zenship:							
v. 9/30/2014 VD						Last	Name:		

Date of Birth:

Section 6: Educatio	n Background/Special 1	raining	ļ				
Please check the highe ☐1 ☐2 ☐3 ☐4 ☐5 [	st grade you finished: ☐6	I	]13	6 □17 □18 □	  19	2 🗆 23 🗀 2	24
there, degrees that you	on or other special training you earned, and any honors tha d attach a copy of any cer	it you got	t. If you went to train	ning, list the type	e of training and the	e agency th	at you went at provided
Section 7: Employm	nent History						
Are you currently employ If YES, please provide the Date (month & year)		Emplo	yer Name/Address/	Phone #	Supervisor		
	s while on supervision? Yes position? Yes \(\simega\) No \(\simega\)	 s □ No				_	
Reason:							
	oyers for the last 5 years or ou have now or your most re			ever period is le	ss. Do not leave oเ	ıt or skip ar	ny jobs.
Dates (month & year)	Job/position			ame/address/pl	none number	Su	pervisor
1.							
2.							
3.							
4.							
5.							
6.							
Licenses/certifications	s held						
Type of license	Licensing agency		License	number	Date is:	sued	Expires
1.							
2.							
3.							
Section 8: Military F	listory						
-	branch of the U.S. Armed Fo	orces?	Yes No				
If yes, please answer be	elow:	r	Date of entry into active of	lutv	Date of discharge		
PIGNICITO SCIVICE		'	Date of entry little active t	uty	Date of discharge		
Did you serve in the Na	tional Guard? Yes	No					
Type of discharge				Rank at discharge			
Attach a copy of your	separation papers (Form	DD-214)	or your military ID	(DD Form 2) if	you are currently	active.	
		,	•	•	•		

Rev. 9/30/2014 VD (Page 2 of 6)

Section 9: Criminal	History		
	willful omission (leaving anything ou	luding convictions in Connecticut and i t on purpose) will be construed as a fa	
Dates	Court and location	Charge	Sentence
		3	
one from the Connectic	an official criminal history record to he ut State Police for a fee of \$50 and at o/lib/despp/reports_and_records/ dps-		pplication, you can get
Section 10: Victim In	formation		
information. DO NOT try	to get in touch with any victim. If ther /ictim information unknown". The Boa	of your crime(s) and their phone number was no victim to your crime(s) please and will still review your application if your	e write "No victim", if you do not know
Section 11: Purpose	of Application		
		ilit.	Discours (Borber LIVAC etc.)
State your reason(s) for	applying for a Certificate of Employab	ility	☐Licensure (Barber, HVAC, etc)
		al activity? You may also use this section ation. Attach additional sheet(s) if nece	

Rev. 9/30/2014 VD

Last Name: \_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_

## **Section 12: Optional Continuation Page**

Please use this section to complete any information that you could not fit on the application

## Please Number The Section That You Are Continuing

Ocation			
Section number			
Response			
Section number			
Response			
Section number			
Response			
Section number			
Response			
Section number			
Response			

Rev. 9/30/2014 VD

on
stigation to be made to determine my fitness for a Certificate
under penalty of false statement, that I have, to the best of
Date
of Connecticut Board of Pardons and Paroles for a Certificate of e any individual, private business concern, state or federal e or federal agency may have in its possession concerning me
Date
, 20
Notary seal

Rev. 9/30/2014 VD

## **Statistical and Research Information Sheet**

This section is optional and will be used for research and statistical purposes only

## This section will not be given to any Board members

Full name	Phone number	Email address
Address		
Race/Ethnic Data		
BLACK (not of Hispanic Origin); Person having origins in any of the E	Black racial groups of Africa	3.
HISPANIC: Persons of Mexican, Puerto Rican, Central or South Ame	rica or other Spanish cultu	re or origin, regardless of race
WHITE: (not of Hispanic Origin): Person having origins in any of the o	original peoples of Europe,	North Africa, or the Middle East.
AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origin is cultural identification through trial affiliation or community recognition	n any of the original people	es of North America who maintain
ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the subcontinent or the Pacific Islands. This area includes, for example, C	•	
OTHER: (Please specify) -		
Future studies		
May we contact you in the future for research purposes? Yes	No	

Rev. 9/30/2014 VD Last Name: \_

(Page 6 of 6)



## STATE OF CONNECTICUT

#### **BOARD OF PARDONS AND PAROLES**

55 West Main Street - Waterbury, CT 06702 - (203) 805-6643





Your current parole or probation officer must complete this form if you are applying for a provisional pardon and are currently on probation, parole or any form of Department of Correction community supervision. A provisional pardon can relieve an offender of one or more barriers or forfeitures to employment or the issuance of a license. It **does not** commute or erase a criminal conviction and is not applicable to employment with a law enforcement agency or to retain or be eligible for public office.

<b>Petitioner's Name:</b>				
Petitioner's Date of Birth:				
		_		
Supervising Parole / Probat		lame:		
Parole of Probation Office Assigne	ed to:			
BUSINESS PHONE NUMBER:	EXTENSION:	EMAI	L ADDRESS:	
1. How long have you super petitioner a month?	vised the petiti	ioner in	the community and how often do you see the	
petitioner a month?				
2. Please describe the netiti	oner's adiustm	ent in t	the community (misconduct reports /technical	
<u>-</u>	•		random urinalysis results etc.)?	
violations / treatment progr	ams participat	icu III /	Tandom urmarysis results etc.):	
3. What is the petitioner's c	current employ	ment st	tatus?	
-				
4. Is there any other inform	ation concerni	ng the	petitioner that the panel should consider?	
You may a	ttach additional pa	iges or a	letter to this form if you need more space.	
•	d and agree that a	_	letter to this form if you need more space. yee of the Board of Pardons and Paroles will contact yo	ou to v

Please fax this form to the Pardons Unit at (203) 805-6630. You may also mail this form directly to the address above.

www.ct.gov/doc/bopp rev. 10/23/08 dk