

# **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

### Section 1: Applicant Information

Last name		First name		Middle name	
Date of birth	Social security number		Place of birth		Gender
Address (Number and street)		Apartment number/floor	City	State	Zip code
Home phone number	Business phone number		Cell phone number		E-mail address

### Section 2: Family Information

Please list all members of your household (*anyone who lives with you*) below:

Name	Age	Relationship to you
1.		
2.		
3.		
4.		
5.		

How long have you lived at your current address? \_\_\_\_\_

Current marital status  Single  Married  Divorced  Separated  Widow  Widower  Civil union

Current spouse/partner's name: \_\_\_\_\_

### Section 3: Alias and Other Names

State, in full, every other name by which you have been known, including the reason for your use of another name, and the dates during which you were so known (*for example, include your maiden name, name by a former marriage, aliases, and nicknames*).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Section 4: Previous Application History

Have you applied for a Certificate of Employability or Provisional Pardon in the past?  Yes  No

If yes, please state the month(s) and year(s) you applied: \_\_\_\_\_

### Section 5: Citizenship Information

Are you a citizen of the United States of America?  Yes  No

If you answered no, country of citizenship: \_\_\_\_\_

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**Section 6: Education Background/Special Training**

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Please check the highest grade you finished:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Please list any education or other special training you have gotten or are currently getting. Include the school name, dates that you went there, degrees that you earned, and any honors that you got. If you went to training, list the type of training and the agency that provided the training. **You should attach a copy of any certificates, diplomas, or transcripts that you got to this application.**

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**Section 7: Employment History**

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Are you currently employed? Yes  No 

If YES, please provide the following information:

Date (month &amp; year)

Occupation/Position

Employer Name/Address/Phone #

Supervisor

If NO,

Have you applied for jobs while on supervision? Yes  No Have you been denied a position? Yes  No 

Reason: \_\_\_\_\_

List your jobs and employers for the last 5 years or since you left school, whichever period is less. Do not leave out or skip any jobs.

Start with the job that you have now or your most recent job and work back.

Dates (month & year)	Job/position	Employer name/address/phone number	Supervisor
1.			
2.			
3.			
4.			
5.			
6.			

**Licenses/certifications held**

Type of license	Licensing agency	License number	Date issued	Expires
1.				
2.				
3.				

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**Section 8: Military History**

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Where you ever in any branch of the U.S. Armed Forces?  Yes  No

If yes, please answer below:

Branch of service	Date of entry into active duty	Date of discharge
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Did you serve in the National Guard?  Yes  No

Type of discharge	Rank at discharge
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**Attach a copy of your separation papers (Form DD-214) or your military ID (DD Form 2) if you are currently active.**

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**Section 9: Criminal History**

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Conviction Record - You must list all of your convictions, including convictions in Connecticut and in any other state and federal convictions. Any willful omission (*leaving anything out on purpose*) will be construed as a false statement (*lying*) and might cause your application to be denied.

Dates	Court and location	Charge	Sentence

If you would like to get an official criminal history record to help you in filling out this section of the application, you can get one from the Connecticut State Police for a fee of \$50 and attach it to this application.

[http://www.ct.gov/despp/lib/despp/reports\\_and\\_records/dps-846-c.pdf](http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf)

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**Section 10: Victim Information**

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Please list the name(s) and approximate age of any victim(s) of your crime(s) and their phone number(s) or address(es) if you know this information. DO NOT try to get in touch with any victim. If there was no victim to your crime(s) please write "No victim", if you do not know the victim please write "Victim information unknown". The Board will still review your application if you do not know the information about any victims of your crime(s).

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**Section 11: Purpose of Application**

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State your reason(s) for applying for a Certificate of Employability

Employment

Licensure (Barber, HVAC, etc)

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In your own words, how have you changed since your criminal activity? You may also use this section to tell the Board about anything else that you would like it to think about as part of your application. Attach additional sheet(s) if necessary.

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**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**

\_\_\_\_\_  
Section number

Response

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\_\_\_\_\_  
Section number

Response

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Section number

Response

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Section number

Response

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**Section 13: Attestation and Background Investigation Authorization**

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I, \_\_\_\_\_, agree to allow an investigation to be made to determine my fitness for a Certificate of Employability pursuant to No. 14-27 of the 2014 Public Acts. I hereby state, under penalty of false statement, that I have, to the best of my ability, fully and truthfully answered all of the questions in this application.

Applicant's signature

Date

I, \_\_\_\_\_, have applied to the State of Connecticut Board of Pardons and Paroles for a Certificate of Employability. To facilitate the investigation of my application, I hereby authorize any individual, private business concern, state or federal agency to release any information such person, private business concern, state or federal agency may have in its possession concerning me or my activities.

Applicant's signature

Date

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

Signature of Notary Public

Notary seal

My commission expires on \_\_\_\_\_

## 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
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Address \_\_\_\_\_

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### Race/Ethnic Data

- BLACK** (not of Hispanic Origin); Person having origins in any of the Black racial groups of Africa.
- HISPANIC**: Persons of Mexican, Puerto Rican, Central or South America or other Spanish culture or origin, regardless of race
- WHITE**: (not of Hispanic Origin): Person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- AMERICAN INDIAN OR ALASKAN NATIVE**: Persons having origin in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition
- ASIAN OR PACIFIC ISLANDER**: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa
- OTHER**: (Please specify) - \_\_\_\_\_

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Future studies \_\_\_\_\_

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May we contact you in the future for research purposes?  Yes  No



**STATE OF CONNECTICUT**  
**BOARD OF PARDONS AND PAROLES**  
 55 West Main Street - Waterbury, CT 06702 – (203) 805-6643  
**Supervising Officer Questionnaire**



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>	
<b>Petitioner's Date of Birth:</b>	

<b>Supervising Parole / Probation Officer's Name:</b>		
Parole of Probation Office Assigned to:		
BUSINESS PHONE NUMBER:	EXTENSION:	EMAIL ADDRESS:

<b>1. How long have you supervised the petitioner in the community and how often do you see the petitioner a month?</b>
<b>2. Please describe the petitioner's adjustment in the community (misconduct reports /technical violations / treatment programs participated in / random urinalysis results etc.)?</b>
<b>3. What is the petitioner's current employment status?</b>
<b>4. Is there any other information concerning the petitioner that the panel should consider?</b>

*You may attach additional pages or a letter to this form if you need more space.*

By signing this form, you understand and agree that an employee of the Board of Pardons and Paroles will contact you to verify the information on this form is correct.

\_\_\_\_\_  
Signature of Supervising Parole / Probation Officer

\_\_\_\_\_  
Date

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