

Connecticut Commission on Human Rights and Opportunities
Housing Discrimination Testing Program
Tester Application & Terms and Conditions

Thank you for your willingness to volunteer as a housing discrimination tester! The purpose of this form is to provide the Testing Coordinator with information necessary to pair you with another tester with similar characteristics. The information provided by you will be held in strict confidence, but may have to be released pursuant to legal process, such as if a charge is filed or litigation is pursued, and will be reported to the U.S. Department of Housing and Urban Affairs as required.

1. Name (Legal): _____
Name (Preferred): _____
2. Street Address (Number, Street, City, State, Zip Code): _____
3. Telephone (Home/Cell): _____ (Email): _____
4. Current Employer (If Any): _____
5. Street Address (City, State, Zip Code): _____
6. Current Job Title: _____
7. Other types of work you have done: _____

8. For purposes of testing assignments, please indicate the following:

- Assigned Sex at Birth: Male Female
- Gender Identity: Male Female
- Sexual Orientation: Straight Gay/Lesbian Bisexual Other: _____
- Ethnicity (Select One): Hispanic or Latino Not-Hispanic or Latino
- Race (Select One or More): White Black/African American
- Asian Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native Other: _____

National Origin: _____ Religion: _____

Do you have a disability: Yes No

If yes, what is the nature of your disability: _____

If you utilize any of the follow please select all that apply:

- Hearing Aid(s) Wheelchair Walker
- Cane Personal Assistant
- Assistance Animal (Specify): _____
- Other: _____

Will you require an accommodation to complete a site visit or test report forms? Yes No

Birth date: _____ Height: _____

Marital Status: Single Married Divorced Widowed

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Number of children: _____ Sex of Children: _____ Ages of children: _____

9. Name of contact person in case of emergency: _____
10. Address: _____ Phone: _____
11. Elementary and high school grades completed: _____
12. Years of college or other post high school education: _____
13. Degrees and/or Certificates earned: _____
14. Are you a current law student or alum? If so, please indicate law school and anticipated graduation year or year of graduation: _____
15. Any other Special Training: _____
16. Special Skills: _____
17. Do you have access to a car: Yes No
18. Have you ever been an actor or actress before: Yes No
19. How often have you engaged in public speaking: Often Seldom Never
20. Are you active in any community, civil, political or religious organizations: Yes No
- a. If yes, please explain (Org Name/Position): _____
21. Are you a government official: Yes No
22. Have you ever rented or sought to rent a residence: Yes No
23. Have you ever owned or sought to buy a residence: Yes No
24. Have you ever applied for a mortgage for a home: Yes No
25. Describe your current housing situation:
- _____
- _____
- _____
- _____
26. Have you ever been trained as a "Tester" for a housing discrimination project or study previously: Yes No
27. Have you ever conducted housing discrimination "tests" previously: Yes No

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28. What days and hours would you generally be available for testing?

Monday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Tuesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Wednesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Thursday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Friday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Saturday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
Sunday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening

Applicant's Statement:

The information provided on this form is, to the best of my knowledge, accurate and complete. The role of a tester has been explained to me. I would like to be considered for the position of "Tester." I understand that this application is not for a full or part-time position, and because of the nature of discrimination testing, participation in tests cannot be guaranteed.

I understand that the nature of the relationship between me and the Commission on Human Rights and Opportunities (CHRO) shall remain that of independent contractor and nothing in this document shall be construed as creating the relationship of employer and employee. I understand that I will not be eligible to participate in any employee benefit programs of the CHRO or receive any other benefit or compensation provided by the CHRO to its employees, including but not limited to vacation pay, health or dental insurance, sick leave, retirement benefits, social security, workers compensation insurance, liability insurance, or unemployment compensation benefits. I also understand that the CHRO will not pay or withhold any monies for taxes or insurance of any kind, including but not limited to FICA, state and federal income taxes, unemployment compensation and workers' compensation coverage. The payment of any and all taxes shall be my sole responsibility. I also understand that I do not have the authority to enter into any contract or agreement on behalf of the CHRO or otherwise bind the CHRO and that I shall not represent to anyone that I have such authority.

Testers will be paid a stipend after completion of each test. I understand that I am expected to participate fully in training sessions, and perform tests in accordance with the training I receive, the Housing Discrimination Testing Manual and any instructions I receive from the Testing Coordinator. I understand that I must complete the tests that I accept and that after I complete the debriefing associated with a test, I will receive \$50.00 for a site visit test or \$40.00 for a test that is completed via telephone or e-mail. I understand that I will not be paid unless I follow the procedures set forth in the Tester Agreement.

It is the policy of the Commission on Human Rights and Opportunities Housing Discrimination Testing Program to provide equal opportunities without regard to race, color, religion, national origin, sex, gender identity, gender expression, sexual orientation, age, disability, or veteran status. Testers must be over 18 years of age.

A typed signature will substitute for a handwritten signature on this form.

Signature: _____ Date: _____