INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE
STATE OF CONNECTICUT
APPLICATION FOR EXAMINATION OR EMPLOYMENT (FORM CT-HR-12)

PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION

GENERAL INFORMATION AND INSTRUCTIONS

This application form is the official State of Connecticut Application Form for Examination or Employment effective October 1, 2010. PLD-1 application forms should not be used on or after October 1, 2010. Check the State Employment Pages on the DAS website (www.das.state.ct.us/exam) for more detailed information about completing the State Application Form and about state examinations, job opportunities and to sign up for e-mail notification of current exams and job openings.

1. The CT-HR-12 is a PDF document that can be completed on-line or it can be printed and completed manually. If you complete the form on-line, you can save it in your documents for future reference.
2. This application form can be used to apply for currently posted State of Connecticut examinations or currently posted job opportunities (positions/job postings). If you are applying for a currently posted examination, make certain you include the examination title and examination number. If you are applying for a currently posted job/position, make certain you include the position title and position number.
3. Type or print (in ink) all information requested on the application form. It is critical that you complete all sections of the application form and that all of the information you provide is true and accurate.
4. Give complete and accurate information about your education, work experiences and licenses/certifications as it relates to the minimum requirements for the examination or position for which you are applying. The information you provide on your application form will be used to determine if you meet the requirements as outlined on the examination announcement or position posting. (Resumes may be included as a supplement to the application form, but they will not substitute for any information required on the application form.)
5. Write your name and examination or position title on the top of all pages of your application form. Write your social security number on the top of Page 1.
6. Sign and date Section 3 of your application form (a typed name will substitute for a handwritten signature).
7. Make a copy of your application package for your records before submission.
8. Do NOT submit this page with your application package.
9. Application packages sent to an incorrect address/fax will not be accepted. Carefully review the application filing instructions on the examination announcement or the position posting to ensure your application materials are sent to the correct location.
10. Late and/or incomplete application packages will not be accepted.

INSTRUCTIONS IF YOU ARE APPLYING FOR A CURRENTLY POSTED EXAMINATION

1. Obtain a copy of the examination announcement before completing this application. The announcement includes important information such as: the examination title and number, minimum requirements for admission to the examination, closing date for the application package, and other job-related information. In many cases the exam announcement also contains special filing instructions which detail exam materials that must be submitted with the application form. Examination announcements can be obtained from the DAS website (http://www.das.state.ct.us/exam). Follow all application and examination instructions very carefully!
2. A separate application form must be submitted for each examination for which you are applying.
3. Applications (and supplemental exam materials, if required) for examinations are always submitted to the Statewide Human Resources Management Division at the Department of Administrative Services. Refer to the examination announcement for the mailing address and secure fax number for submitting your application form (and exam materials, if required). If faxing materials make certain that your application form is complete and transmitted correctly and without error. Incomplete faxes or faxes received blank because pages were faxed upside down will not be accepted.
4. Applications received for which there is no current examination announcement are not accepted.
5. This application is not to be used for the following examinations: State Police Trooper Trainee, Correction Officer, Protective Services Trainee (Police) and State Marshall. When these examinations are open you will find special Internet application forms on the DAS website (http://www.das.state.ct.us/exam).

INSTRUCTIONS IF YOU ARE APPLYING FOR A CURRENTLY POSTED JOB/POSITION

1. Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title and position number, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions very carefully!
2. A separate application form must be submitted for each position you are applying for.
3. Applications are only accepted for currently posted positions.
4. Applications for positions are to be sent to the hiring agency. They are not to be sent to the Department of Administrative Services, unless the position posting specifically directs you to do so.

APPLICATION FOR EXAMINATION OR EMPLOYMENT CT-HR-12 NEW 10/20/2010
(formerly Form PLD-1)

SOCIAL SECURITY NUMBER: ___ ___ ___ -___ ___ - ___ ___ ___ ___

_____ _____ ___
Last Name **First Name** **MI**

STATE OF CONNECTICUT
Application for Examination or Employment (CT-HR-12)

DO NOT WRITE in shaded area	APPROVED_____	DISAPPROVED_____	REVIEWED BY: _____	AE Date: _____
GE – Lack GE	LS – Length SE	GS – Length GE, Lack SE	AS – No Agency Status	SI – No Supp Exam Mat.
LG – Length GE	ET – Lack GE, SE	EM – Not Current St Emp	ST – No Classified Status	II – Insufficient Info
SE – Lack SE	LL – Length GE, SE	AR – Emp not Hiring Agency	CS – Status in Class	LT – Late

INSTRUCTIONS TO APPLICANT: Read the detailed instructions on the first page of this application and on the examination announcement or position/job posting before completing this application form. Type or print answers to ALL questions.

SECTION 1: APPLICANT CONTACT INFORMATION

_____ _____ ___ _____
LAST NAME FIRST NAME MI SUFFIX (i.e., Jr., MD, Ph.D.)

_____ _____
MAILING ADDRESS (P.O. Box # or house number and street) APARTMENT # (if any)

_____ _____ _____
CITY STATE ZIP CODE

List other name(s) you have used. Include last name, first name and middle initial for each.
_____ _____

(____)_____-_____ (____)_____-_____ May we call you at work? __Yes __No
HOME PHONE # BUSINESS PHONE #

(____)_____-_____ _____
CELL PHONE # E-MAIL ADDRESS

SECTION 2: PURPOSE OF APPLICATION (CHECK ONE):

___ STATE EXAMINATION ___ STATE POSITION/JOB POSTING

Complete the required information below for one examination OR one position ONLY:

If you are applying for a State of Connecticut examination complete the following information as it appears on the examination announcement:
Examination Title: _____ Exam No.: _____

OR

If you are applying for a State of Connecticut position/job complete the following information as it appears on the posting.
Position/Job Title: _____ Job Posting No.: _____

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 3 APPLICANT CERTIFICATION

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, 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, I am subject to disqualification and dismissal 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.

Applicant signature: _____ **Date:** _____

(Signature is required)

Note: A typed name will substitute for a handwritten signature.

SECTION 4: STATE EMPLOYMENT HISTORY (To be completed by current or former State of CT employees)

Are you a current State of Connecticut employee? __Yes __No If '**Yes**: _____
6-digit Employee ID #

_____ _____
Official Job Class Title Employing Agency, Department, College/University

If you are not a current State of Connecticut employee but worked for the State of Connecticut previously, did you leave State service within the past 10 years? __Yes __No

If '**Yes**' complete dates of employment from: ____/____/_____to ____/____/_____
MM DD YYYY MM DD YYYY

_____ _____
Official Job Class Title at time of separation Employing Agency, Department, College/University

Reason for leaving: _____

SECTION 5: APPLICANT EDUCATION

A. Primary and Secondary Education

Have you graduated from high school or received a high school equivalency diploma (GED)?
__Yes __No

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 5: APPLICANT EDUCATION (continued)

B. College Education

1.) _____ _____ ___ _____
Name of College or University Attended City State Country*

Is this college accredited**? __Yes __No Dates of Attendance: From: ___/_____To:___/_____
(MM/YYYY) (MM/YYYY)

Type of degree completed: __Associate __Bachelor __Master __Doctorate __Law __None
If '**None**' please indicate the number of credit hours completed: ____

If a degree was conferred, complete the following information for this college/university:

_____ _____
Major Course of Study Major Course of Study (only if double major)

2.) _____ _____ ___ _____
Name of College or University Attended City State Country*

Is this college accredited**? __Yes __No Dates of Attendance: From: ___/_____To:___/_____
(MM/YYYY) (MM/YYYY)

Type of degree completed: __Associate __Bachelor __Master __Doctorate __Law __None
If '**None**' please indicate the number of credit hours completed: ____

If a degree was conferred, complete the following information for this college/university:

_____ _____
Major Course of Study Major Course of Study (only if double major)

3.) _____ _____ ___ _____
Name of College or University Attended City State Country*

Is this college accredited**? __Yes __No Dates of Attendance: From: ___/_____To:___/_____
(MM/YYYY) (MM/YYYY)

Type of degree completed: __Associate __Bachelor __Master __Doctorate __Law __None
If '**None**' please indicate the number of credit hours completed: ____

If a degree was conferred, complete the following information for this college/university:

_____ _____
Major Course of Study Major Course of Study (only if double major)

Attach additional sheets (labeled with "Section 5 – continued" and include your name and examination number/title or position title in upper right corner) if you attended more than three (3) colleges/universities.

* - If the institution of higher learning is located outside of the United States, you are responsible for providing documentation from a recognized USA accrediting service which specializes in determining foreign education equivalencies. The responsibility for and the costs associated with obtaining this equivalency information rest with you, the applicant.
** - In order to receive educational credit towards admittance to an examination, the institution must be recognized by the CT Department of Higher Education as an accredited institution (www.chea.org).

_____ _____ ___
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 5: APPLICANT EDUCATION (continued)

C. Technical, Business or Other Education

1.) _____ _____ ___ _____
Name of School Attended City State Country*

Dates of Attendance: From: _____/_____To:_____/_____ _____
(MM/YYYY) (MM/YYYY) Type of degree or certificate earned

2.) _____ _____ ___ _____
Name of School Attended City State Country*

Dates of Attendance: From: _____/_____To:_____/_____ _____
(MM/YYYY) (MM/YYYY) Type of degree or certificate earned

SECTION 6: REQUIRED LICENSES, CERTIFICATIONS AND OTHER

1. Do you have any valid licenses or certificates which authorize you to practice a profession or trade? (e.g. law, nursing, psychology, plumbing, etc.) ___Yes ___No

   If yes, please complete the following section:

   A.) Type of License: _____ License #: _____ Issued By: _____

   Date Issued: ____/____ Expiration Date: ____/____
   (MM/YY) (MM/YY)

   B.) Type of License: _____ License #: _____ Issued By: _____

   Date Issued: ____/____ Expiration Date: ____/____
   (MM/YY) (MM/YY)

2. Do you currently have a valid Motor Vehicle Driver's License (Class D)? __Yes __No State: _____

3. Do you have any endorsements to your Class D license? If so which ones? _____

4. Do you currently have a valid Commercial Driver's License (CDL)? __Yes __No State: _____

   If you have a CDL what class? ____Class A ____Class B ____Class C

5. What languages do you speak, read, write or sign fluently? _____

_____

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 7: EMPLOYMENT HISTORY

Important Instructions for Completing this Section. Beginning with your PRESENT or MOST RECENT employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the exam announcement or job posting. **List all positions (job titles) separately, even if with the same employer.** Provide the starting and ending dates **(month, day and year)** of your employment for **each** position and indicate if the position was full or part time and the number of hours worked per week. Clearly describe the work (duties) you personally performed in each position. If a job included a mixture of relevant duties and other duties that are not relevant toward meeting the eligibility requirements, specify the percentage of time spent performing each duty. Number your jobs, starting with your most recent job as number 1. **Make additional copies of this page as needed to list additional positions**, and continue the number sequence. If you need additional space for the descriptions of your duties for one or more positions, attach an 8 1/2" x 11" sheet with your name and the exam number or position title and continue the descriptions of your duties, using the number sequence to identify which positions the duties belong to. You must fill out this application completely even if you attach a resume. **Failure to provide all of the REQUIRED information for each position (or job title) held may result in your application being disapproved.** Although a resume can be attached, only jobs included in this section of the application form will be considered when determining if you meet the required minimum qualifications for the exam or position for which you are applying.

POSITION 1: _____ _____
Most Recent Official Job Title Company Name/Department where assigned

_____ _____ _____ _____
Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/____/____To:_____ Phone Number: _____
(MM/DD/YY) (MM/DD/YY or Present) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ____ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 7: EMPLOYMENT HISTORY (CONTINUED)

POSITION 2: _____ _____
Official Job Title Company Name/Department where assigned

_____ _____ _____ _____
Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/____/____To:___/____/____ Phone Number: _____
(MM/DD/YY) (MM/DD/YY) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ____ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

POSITION 3: _____ _____
Official Job Title Company Name/Department where assigned

_____ _____ _____ _____
Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/____/____To:___/____/____ Phone Number: _____
(MM/DD/YY) (MM/DD/YY) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ____ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 7: EMPLOYMENT HISTORY (CONTINUED)

POSITION 4: _____ _____
Official Job Title Company Name/Department where assigned

_____ _____ _____ _____
Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/____/____To:___/____/____ Phone Number: _____
(MM/DD/YY) (MM/DD/YY) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ____ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

POSITION 5: _____
Official Job Title Company Name/Department where assigned

_____ _____ _____ _____
Business Address (P.O. Box or # and Street) City State Zip Code

_____ _____
Type of Business Official Job Title of Immediate Supervisor

Dates of Employment: From: ___/____/____To:___/____/____ Phone Number: _____
(MM/DD/YY) (MM/DD/YY) Annual Salary/Hourly Wage: _____

This job is/was: ___ Full-time ___ Part-time ____ Per Diem Number of Hours Worked per week: _____

Number & Job Titles of Employees Supervised by you: _____

Reason for leaving: _____

List all major duties and responsibilities performed by you in this job. (This area must be completed for each job listed.)

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 8: VETERAN'S PREFERENCE

Any veteran who served in the armed forces of the Unites States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Time of war periods include: 12/7/1941 to 12/31/1947; 6/27/50 to 1/31/55; 7/1/58 to 11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present. "Service in time of war" means service of ninety or more cumulative days except if the war, campaign or other operation lasted less than ninety days in which case, it means service for the entire period of the war. **If you are claiming Veteran's Preference points check one of the options below. If you are not claiming Veteran's Preference points go on to Section 9.**

Do you claim Veteran's Preference (5 points)?

__ A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1)

__ B. As a spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veterans' disability is unable to pursue gainful employment. (Documents: 2, 3 and 4)

__ C. As an unmarried surviving spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 2, 3, 5, 6)

You may also be eligible for Veteran's Preference (5 points), if:

__ A. You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal. (Documents: 1)

Disabled Veteran's Preference (10 points)?

__ A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1, 7)

__ B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability. (Documents: 2, 3, 4, 7)

__ C. As an unmarried surviving spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 2, 5, 6, 8)

Documentation Required. Please refer to the "Documentation Required" listed after each category above to determine the specific documentation you are required to submit in order to be eligible to receive Veteran's preference points if you pass an open competitive examination.

1. DD214 – Member-4 copy for self showing: honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service, and campaign badge or expeditionary medal earned (if applicable).
2. DD214 – Member-4 copy for spouse showing honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service.
3. Marriage Certificate.
4. Statement from spouse's physician certifying that s/he is unable to pursue gainful employment because of disability.
5. Death certificate for spouse or official notice of his/her death if it occurred in the line of duty.
6. Statements from two disinterested persons that widow/widower has not remarried.
7. Statement from Veterans' Administration dated within the past six months certifying that the veteran is currently eligible for compensation or pension benefits.
8. Statement from Veterans' Administration certifying that the veteran was eligible to receive disability compensation or pension benefits at the time of his/her death.

Check one if you are claiming Veteran's Preference:

___ Proof (required documents) previously submitted ___ Proof attached to this application

Note: Veteran's points are only added after a candidate passes an open competitive examination. (C.G.S. 5-224)

_____ _____ ____
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 9: POSITION INFORMATION

What type(s) of position(s) will you consider? Answer both 1 and 2.

1. __Full-Time only __Part-Time only ___ Either Part-time or Full-time
2. __Permanent only __Nonpermanent only ___ Either Permanent or Nonpermanent

What shift would you be willing to work? Check all that apply:

____Day (First Shift) ____ Evening (Second Shift) ____Night (Third Shift) ____Weekends

SECTION 10: EMPLOYMENT DISTRICTS

Check the box(es) for ONLY the district(s) in which you will accept employment. Indicate your choice of location preference(s) in the left hand column by checking the appropriate box(es) where you are willing to work. Not all jobs are used in all locations. Names will be certified by location at the request of the appointing authority.

__ **A** All Locations
__ **B** Greenwich, Stamford, New Canaan, Darien
__ **C** Norwalk, Wilton, Weston, Westport
__ **D** Fairfield, Easton, Monroe, Trumbull, Shelton, Stratford, Milford
__ **E** Bridgeport
__ **F** Redding, Ridgefield, Danbury, Bethel, Newton, Brookfield, New Fairfield, Bridgewater, Sherman, New Milford, Roxbury, Washington, Kent, Warren
__ **G** Morris, Litchfield, Harwinton, New Hartford, Torrington, Goshen, Cornwall, Sharon, Salisbury, Canaan, North Canaan, Norfolk, Colebrook, Winchester, Hartland, Barkhamsted
__ **H** Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Beacon Falls, Naugatuck, Prospect, Waterbury, Wolcott, Cheshire
__ **I** Oxford, Seymour, Ansonia, Derby
__ **J** West Haven, Orange, Woodbridge, Bethany, Hamden, North Haven, East Haven, North Branford, Wallingford, Branford, Guilford, Madison, Clinton
__ **K** New Haven
__ **L** Meriden
__ **M** Plymouth, Bristol, Burlington
__ **N** Berlin, Southington, Plainville, New Britain
__ **O** Avon, Farmington, West Hartford
__ **P** East Hartford, Manchester
__ **Q** Hartford
__ **R** Granby, Canton, Simsbury, Suffield, East Granby, Windsor Locks, Windsor, Bloomfield, East Windsor, South Windsor, Ellington, Vernon, Tolland, Stafford, Willington
__ **S** Enfield, Somers
__ **T** Newington, Wethersfield, Rocky Hill
__ **U** Union, Ashford, Mansfield, Chaplin, Hampton, Windham, Scotland, Lebanon
__ **V** Cromwell, Portland, Middletown, Middlefield, Durham, East Hampton, Haddam, East Haddam, Chester, Essex, Killingworth, Deep River, Westbrook, Old Saybrook
__ **W** Lyme, Old Lyme, East Lyme, Salem, Montville, Waterford, New London, Ledyard, Groton, Stonington, North Stonington
__ **X** Bozrah, Franklin, Norwich, Sprague, Lisbon, Preston, Griswold, Voluntown
__ **Y** Woodstock, Thompson, Putnam, Pomfret, Eastford, Brooklyn, Canterbury, Plainfield, Sterling, Killingly
__ **Z** Glastonbury, Marlborough, Colchester, Hebron, Columbia, Andover, Bolton, Coventry

_____ _____ ___
Last Name First Name MI

_____
Examination Title or Position Title

SECTION 11: TESTING ACCOMMODATIONS FOR EXAMINATIONS

Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting DAS Statewide Human Resources at 860-713-5206 (voice) and at 860-713-7463 (TDD) immediately upon submitting an application for this examination. Provide your name, exam title and number, a description of your specific needs and documentation from a health care provider verifying your disability.

SECTION 12: VOLUNTARY

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.

A. SEX: ___ Female ___ Male

B. RACE/ETHNIC DATA:

__ **1** **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

__ **2** **ASIAN/ 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.

__ **3** **BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the black racial groups of Africa.

__ **4** **HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

__ **5** **WHITE (NOT OF HISPANIC ORIGIN**): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

C. PRIMARY SOURCE OF EXAM/JOB INFORMATION:
Where did you learn about this exam or job/position? (Check and complete below.)

__ **1** State of Connecticut Internet site. Website: _____

__ **2** Other Internet Site. Website: _____

__ **3** Newspaper, professional journal, radio or TV advertisement.
Please give the name of the publication/station, etc: _____

__ **4** Paper Posting

__ **5** Direct e-mail or paper mailing.

__ **6** Career fair. Event/Location: _____

__ **7** Other. Please specify: _____