

## INSTRUCTIONS TO CANDIDATES

Thank you for your interest in employment with the Office of the Attorney General. This application package may be used to apply for the positions of Assistant Attorney General I and/or Assistant Attorney General II. For information about applying for other positions within the State of Connecticut, please refer to the Department of Administrative Services website at <https://www.jobapscloud.com/CT/>.

### **ENTRANCE REQUIREMENTS**

The entrance requirements for the positions of Assistant Attorney General I and Assistant Attorney General II are as follows:

#### **Assistant Attorney General I**

A degree from an accredited law school is required. Applications from candidates who expect to receive a law degree within nine (9) months of the application date will be considered for employment. In addition, admission to practice law within the State of CT is required within one (1) year of the date of hire.

#### **Assistant Attorney General II**

In order to be considered for employment, candidates for the position of Assistant Attorney General II must have three (3) years' experience in the practice of law. Three years' experience as an Assistant Attorney General I and/or as a Judicial Law Clerk with the Appellate or Supreme Courts automatically qualifies a candidate for the level of Assistant Attorney General II. In addition, candidates for the level of Assistant Attorney General II must be admitted to practice law within the State of CT as of the date of hire.

Please refer to the complete Job Specifications for the positions of Assistant Attorney General I and Assistant Attorney General II found in this packet for additional information about these positions.

### **APPLICATION PROCEDURE**

Please complete an original plus one copy of each of the following documents:

- Employment Application
- Biographical Supplement
- Signed Ethics Statement
- Current Resume
- Transcript from the law school from which you graduated (or expect to graduate). Certified copies are not required.
- Reference Supplements (two). These documents should be provided to a candidate's reference of his/her choosing, who in turn is required to return the completed form to the Office of the Attorney General at the address listed above.

Submit all completed documents, including one copy of each, to:

*State of Connecticut  
Office of the Attorney General  
Human Resources Division  
165 Capitol Avenue, 5<sup>th</sup> Floor  
Hartford, Connecticut 06106*

## **FINAL SELECTION**

Once a completed application portfolio is received by the Office of the Attorney General, the application will remain on file for two (2) years. The information you provide in your application portfolio will be used by the Office of the Attorney General to evaluate your candidacy and to match your qualifications with available positions within the agency. Evaluation of your qualifications cannot be completed until we receive all of the required documentation, including the two (2) Reference Supplements. Please notify us of any changes to your contact information, e.g. home address, telephone number, email address, etc. If we find you to be a viable candidate for a specific position/department, you will be contacted to schedule an interview. Typically, more than one interview is required of candidates. Unfortunately, because of the large volume of applications received, we are never in a position to offer interviews to all candidates who apply.

## **REAPPLYING**

If you wish to be considered for an Assistant Attorney General I and/or Assistant Attorney General II position after the two (2) years have expired, you may reapply by completing and submitting a new Employment Application and updated resume. Please indicate that this is a REAPPLICATION at the top of the Employment Application, and again submit one original and one copy to the Office at the address listed above.

## **PLEASE NOTE**

- Candidates hired as an Assistant Attorney General I or II are required to serve working-test (probationary) period of at least a six (6) months
- As an Assistant Attorney General, you may be required to travel both within and outside of the State of Connecticut.
- Assistant Attorneys General may be assigned to the main office located in Hartford CT or to one of the smaller satellite offices that are located throughout the State of Connecticut.
- As a newly hired Assistant Attorney General, you will be required to submit proof of eligibility for employment in the United States.

Questions that concern this application process may be directed to the Human Resources Division at the Office of the Attorney General at (860) 808-5325 or by email at [agapplications@ct.gov](mailto:agapplications@ct.gov)



Dear Candidate:

Thank you for considering employment with the State of Connecticut Office of the Attorney General. If you are offered and accept a position with this office, you are bound by [State Code of Ethics for Public Officials and State Employees](#) and you will be required to sign a statement acknowledging your receipt of a copy of the Code, as well as your understanding that you are bound by the Code's provisions. Please sign and return the Acknowledgement of Receipt form that can be found within the application package. Before you accept employment with this Office or with any state agency, you must be aware of the Code's provisions and should consider whether you are prepared to abide by its provisions or whether you have any conflicts of interest. The principle provisions of the Code are as follows:

- **Gifts:** In general, state employees are prohibited from accepting gifts from anyone doing business with, seeking to do business with, or directly regulated by the state employee's agency or department or from persons known to be a registered lobbyist or lobbyist's representative.
- **Financial Benefit:** A state employee is prohibited from using his/her office for the financial benefit of the individual, certain family members, or that of an associated business.
- **Outside Employment:** State employees may not accept outside employment which will impair his/her independence of judgment as to official state duties or which would induce the disclosure of confidential information. Generally, outside employment is barred if the private employer may benefit from the state employee's official actions.
- **Financial Disclosure:** Certain state employees are required to file a financial disclosure statement with the State Ethics Commission. This statement will be considered public information.
- **Post-State Employment:** Post-employment restrictions, known as revolving-door prohibitions, may exist for some employees. For example, restrictions on accepting employment with a party to certain contracts may be put into place, if the employee was involved in the negotiation or award of the contract. For one year after leaving state service, a former employee may not represent anyone for compensation before his/her former agency. Certain designated individuals in the state's regulatory agencies may not, for one year after leaving state service, accept employment with any business subject to regulation by their former agency.

Please be advised that this is only a general overview. Specific questions about the State Code of Ethics should be directed to the State Ethics Commission at (860) 263-6400.

**OFFICE OF THE ATTORNEY GENERAL  
ACKNOWLEDGEMENT OF RECEIPT  
STATE CODE OF ETHICS**

I, \_\_\_\_\_, have reviewed a copy of the State Ethics Code for Public Officials and State Employees. I understand and agree that if I am offered and accept a position with this Office, I would be bound by and obligated to use my best efforts to comply with the standards set forth therein.

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*Signature*

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*Date*

# Office of the Attorney General

## Departmental Listing

### **ANTITRUST:**

This Department administers and enforces the Connecticut Antitrust Act, and has authority to enforce major provisions of the federal antitrust laws. The Department also relies on other federal and state laws to ensure the Attorney General's overall responsibility to maintain open and competitive markets in Connecticut. Utilizing these statutes, we investigate and prosecute antitrust and other competition-related actions on behalf of consumers, businesses and governmental units. In addition, this Department provides advice and counsel on proposed legislation and various issues regarding competition policy. In the past few years, the Attorney General served as the chair of the Antitrust Committee of the National Association of Attorneys General and remains active within that organization.

### **CHILD PROTECTION:**

This department, with over 40 attorneys, is dedicated to protecting the children of the State of Connecticut from abuse and neglect. This past year, the Child Protection Department successfully represented the Department of Children and Families in thousands of juvenile court cases, to protect children who had been abused and neglected and help their placement in permanent safe homes. The department also successfully defended a number of appeals involving these children before the Appellate and Supreme Court.

### **CIVIL RIGHTS / TORTS:**

This department defends the state and its agencies, employees and officials in torts and civil rights cases brought at the Office of the Claims Commissioner and in the state and federal courts.

### **COLLECTIONS / CHILD SUPPORT:**

This Department's mission is to expeditiously collect monies owed to the state and to secure and enforce orders for the support of children. Its attorneys represent the Financial Services Center of the Department of Administrative Services in the recovery of public assistance benefits and costs of incarceration and provide representation in connection with collection activities of the Departments of Social Services, Revenue Services, Correction, Higher Education as well as John Dempsey Hospital, the Second Injury Fund, the Connecticut State University System, and the Secretary of State. In furtherance of its child support activities, the Department also provides legal services to the Department of Social Services Bureau of Child Support Enforcement and to the Support Enforcement Services division of the Judicial Branch pursuant to a cooperative agreement designed to satisfy the requirements of the federal Social Security Act and related state law.

### **CONSUMER PROTECTION:**

The focus of this department is consumer protection through counsel and representation of the Department of Consumer Protection, consumer education and complaint mediation, and investigations, written comments to state and federal agencies, and litigation under various state and federal laws, with a major reliance on the Connecticut Unfair Trade Practices Act (CUTPA).

### **EMPLOYMENT RIGHTS:**

This department defends state agencies and state officials in employment related litigation and administrative complaints and provides legal advice and guidance to state agencies on employment issues. We are currently defending the state in numerous employment cases in the state and federal courts, as well before the Connecticut Commission on Human Rights and Opportunities and the Equal Employment Opportunities Commission.

### **ENVIRONMENT:**

This department represents the State and the people of Connecticut to ensure that the environment is protected for the benefit of the public health and welfare. This department provides advice and representation in state and federal administrative and court proceedings to the Department of Environmental Protection, the Department of Agriculture, the Connecticut Agricultural Experiment Station, and the Connecticut Marketing Authority, and in court proceedings to the Underground Storage Tank Petroleum Cleanup Account Review Board.

### **ENERGY:**

The Energy Department represents the Public Utilities Regulatory Authority (PURA) in the Department of Energy and Environmental Protection, and the Connecticut Siting Council. The Department defends challenges to the Siting Council's decisions on placement of facilities, and to rulings by PURA on issues regarding electric, gas, and water rates, transfer of assets, acquisition of control, safety, service and consumer billing issues.

**FINANCE:**

The Finance Department provides legal services to state agencies that regulate insurance, banking, securities, as well as the Department of Economic and Community Development, the Department of Revenue Services, the Office of Policy and Management, the Bond Commission, and the Insurance Policy and Risk Management Board. Legal issues involving state regulation of the financial services industry form a major part of this Department's work. In addition, this Department is responsible for enforcement of the master settlement agreement between the states, including Connecticut, and various participating tobacco product manufacturers and related tobacco issues.

**HEALTH AND EDUCATION:**

The Health and Education Department represents a myriad of state agencies which include the State Department of Education, Department of Mental Retardation, University of Connecticut, and all other agencies that have an educational function. It represents the Department of Social Services, Department of Mental Health and Addiction Services, Psychiatric Security Review Board, Department of Veterans' Affairs, Commission on Medical and Legal Investigations overseeing the Office of the Chief Medical Examiner, Department of Public Health, Office of Health Care Access, and the various health licensing boards.

**HEALTHCARE FRAUD / WHISTLEBLOWER / HEALTHCARE ADVOCACY:**

This Department has three distinct units, as its title suggests. The Health Care Fraud Unit conducts investigations of Medicaid provider fraud. The Whistleblower unit reviews and investigates allegations by whistleblowers of improper behaviors of state employees, state agencies, quasi state agencies and large state contractors. The Health Care Advocacy Unit provides advisory assistance to consumers who have health care related problems, particularly those that involve health insurance and managed care coverage denials.

**PRIVACY AND DATA SECURITY:**

The Privacy and Data Security Department handles matters related to the protection of Connecticut residents' personal information and data. The Department enforces state laws governing notification of data breaches, safeguarding of personal information, and protection of social security numbers and other sensitive information. The Department is also responsible for enforcement of federal laws under which the Attorney General has enforcement authority, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Children's Online Privacy Protection Act (COPPA), and the Fair Credit Reporting Act (FCRA). In addition, this Department provides the Attorney General with advice and counsel on proposed legislation and other matters regarding privacy and data security, and it engages in extensive outreach to citizens and businesses on matters relating to data protection and privacy.

**PUBLIC SAFETY:**

This department represents the Department of Emergency Services and Public Protection, including the Division of State Police, the Division of Special Licensing and Firearms, the Office of Statewide Emergency Telecommunications and the Police Officer Standards and Training Council; the Military Department; the Department of Correction; the Judicial Branch (particularly, lawsuits arising from the actions of the Judicial Marshals); and the Department of Consumer Protection Liquor Control Division. It also provides legal services and representation to a number of associated boards, commissions and agencies, including the Board of Pardons and Paroles, the Division of Criminal Justice, the Division of Public Defender Services, the Office of Adult Probation, the Governor's Office (Interstate Extradition), the Statewide Emergency 9-1-1 Commission, the State Codes and Standards Committee, the Crane Operator's Examining Board, the Board of Firearms Permit Examiners, the Commission on Fire Prevention and Control, the Office of Civil Preparedness and State Marshal Commission. The department also oversees the criminal prosecutions of persons charged with violations of the Home Improvement Act and related offenses.

**SPECIAL LITIGATION:**

This department represents the Department of Emergency Services and Public Protection, including the Division of State Police, the Division of Special Licensing and Firearms, the Office of Statewide Emergency Telecommunications and the Police Officer Standards and Training Council; the Military Department; the Department of Correction; the Judicial Branch (particularly, lawsuits arising from the actions of the Judicial Marshals); and the Department of Consumer Protection Liquor Control Division. It also provides legal services and representation to a number of associated boards, commissions and agencies, including the Board of Pardons and Paroles, the Division of Criminal Justice, the Division of Public Defender Services, the Office of Adult Probation, the Governor's Office (Interstate Extradition), the Statewide Emergency 9-1-1 Commission, the State Codes and Standards Committee, the Crane Operator's Examining Board, the Board of Firearms Permit Examiners, the Commission on Fire Prevention and Control, the Office of Civil Preparedness and State Marshal Commission. The department also oversees the criminal prosecutions of persons charged with violations of the Home Improvement Act and related offenses.

**TRANSPORTATION / HOUSING / PUBLIC WORKS:**

The Transportation Department of the Office of the Attorney General provides representation for the following state agencies: Department of Transportation ("DOT"); Department of Public Works ("DPW"); Department of Administrative Services ("DAS"); Department of Motor Vehicles ("DMV"); Department of Information Technology ("DOIT"); Department of Economic and Community Development, Housing Matters ("DECD"); and the Connecticut Historical Commission. In addition, the Transportation Department provides representation for various occupational licensing boards within the Department of Consumer Protection ("DCP"). The representation of the foregoing state agencies/boards includes, but is not limited to, counseling and advice on legal issues, the prosecution or defense of lawsuits or claims in both federal and Connecticut courts, and before various administrative entities, including the defense of claims filed with the Office of the Claims Commissioner pursuant to Chapter 53 of the Connecticut General Statutes.

**WORKER'S COMPENSATION AND LABOR RELATIONS:**

The Workers' Compensation and Labor Relations Department represents the Treasurer as the Custodian of the Second Injury Fund, the Workers' Compensation Commission and the Department of Administrative Services in its capacity as the administrator of the state employees' workers' compensation program, as well as DAS Personnel, the Labor Department, the Office of Labor Relations, the Office of Claims Commissioner, the State Employees Retirement Commission, the Teachers' Retirement Board, and others. The department's worker's compensation staff represents the Second Injury Fund in cases involving potential liability of the Fund for workers' compensation benefits and the State of Connecticut contested workers' compensation claims filed by state employees, while the labor relations attorneys represent the Department of Labor in unemployment compensation appeals to the Superior Court. The department also represents the Department of Labor's Wage Enforcement Division, collecting unpaid wages due to Connecticut employees. The department's workers' compensation attorneys and paralegals also spend significant time on third party tort-feasor cases that result in the recovery of money for both the state and the Fund, as well as handling a large number of appeals to the Compensation Review Board and on to the Appellate and Supreme Courts.



## Department of Administrative Services

### Assistant Attorney General 1 (7816MP)

\$36.96-\$50.39 Hourly / \$2,956.78-\$4,031.57 BiWeekly /  
\$77,172.00-\$105,224.00 Yearly

 Notify Me when a Job Opens for the above position(s)

#### PURPOSE OF JOB CLASS (NATURE OF WORK)

In the Office of the Attorney General this class is accountable for performing entry level to working level legal research and legal work of the Office including assisting in preparation and representation of the State in cases and assisting in providing legal advice and services to agencies, department, boards and commissions.

#### GUIDELINES FOR JOB CLASS USE

New Assistant Attorneys General 1 receive training in and perform with increasing independence routine legal work of the Office with emphasis on legal research, review and analysis of legal documents and preparation of simple cases and clear cut issues for which there is a clear precedent. At a more advanced level this class is also used for legal representation in simple or moderately complex matters. Over time incumbents in this class may assist in or personally handle cases of moderate complexity and may exercise independent judgment, although at this level most work is reviewed. This is an entry level class which leads to the full working professional level with increased experience and knowledge.

#### SUPERVISION RECEIVED

Initially works under close supervision of an employee of higher grade; works more independently with acquired experience.

#### SUPERVISION EXERCISED

May lead employees of a lower grade.

#### EXAMPLES OF DUTIES

As a legal practitioner performs legal research; assists in performing and eventually independently performs routine and moderately complex legal work including preparing, analyzing and reviewing opinions, regulations and contracts affecting the State of Connecticut; prepares and represents state in routine and moderately complex legal matters before administrative bodies and lower courts; assists in preparing and representing state in more difficult cases before state agencies and courts; may assist in preparing and representing state in appeals; may act independently in these areas as assigned; performs related duties as required.

#### KNOWLEDGE, SKILL AND ABILITY



Considerable knowledge of basic law and legal process, legal principles and practice, administrative law, constitutional law, rules of process; considerable interpersonal skills; considerable ability in oral and written communications; ability to analyze legal problems.

### **MINIMUM QUALIFICATIONS - GENERAL EXPERIENCE**

A degree from an accredited law school.

### **SPECIAL REQUIREMENTS**

1. Incumbents in this class must be admitted to practice law in the State of Connecticut within one (1) year of the date of appointment. Pursuant to Section 51-88 of the Connecticut General Statutes, an incumbent who has not been admitted to practice law may not "assume, use or advertise the title of lawyer, attorney and counsel at law, counselor at law, attorney, counselor, attorney and counselor, or an equivalent term, in such a manner as to convey the impression that he is a legal practitioner of law". Until such time that an incumbent is admitted to practice law in the State of Connecticut, the incumbent shall be referred to as a Legal Assistant.
2. May be required to travel.

### **JOB CLASS DESIGNATION**

Classified/Non-Examined

### **OCCUPATIONAL GROUP**

(18)-Legal

### **BARGAINING UNIT**

(37)-ASSISTANT ATTYS GENERAL

### **EEO**

(1)-Officials And Administrators

### **SALARY INFORMATION**

MP 62

### **CANCELLATION CLAUSE**

This replaces the existing specification for the class of Assistant Attorney General 1 in Salary Group MP 62 approved effective November 16, 2016. (Revised to modify Special Requirements)

### **EFFECTIVE DATE**

3/17/2017

**CLASS:** 7816MP; **EST:** 10/11/1985; **REV:** 3/17/2017;



## Department of Administrative Services

### Assistant Attorney General 2 (0400MP)

\$44.97-\$61.32 Hourly / \$3,597.55-\$4,905.25 BiWeekly /  
\$93,896.00-\$128,027.00 Yearly

 Notify Me when a Job Opens for the above position(s)

### PURPOSE OF JOB CLASS (NATURE OF WORK)

In the Office of the Attorney General, this class is accountable for independently performing a full range of tasks in legal work of the Office, including preparation and representation of the State in cases and/or providing legal advice and services to agencies, departments, boards and commissions.

### GUIDELINES FOR JOB CLASS USE

Assistant Attorneys General 2 perform full professional working level legal work of the Office. They provide legal counsel and services to an agency or a group of boards and commissions. They prepare and represent the State in cases before administrative hearings, state agencies and courts. They may negotiate settlements, carry out appeals, or assist on highly technical or specialized cases. At this level they may develop a depth of knowledge in a specialty area such as tax, child support or Medicare reimbursements. Incumbents may conduct complex cases with the advice and counsel of higher level attorneys. Complex cases may be defined as obscure points of law, no clear precedent, cases of first impression, or cases likely to lead to appeal. The complexity of case preparation is related but not limited to extensive research, numbers of witnesses involved, variety of evidence to be gathered, the level of the court, or the type of proceeding.

### SUPERVISION RECEIVED

Receives general to limited supervision of an employee of higher grade.

### SUPERVISION EXERCISED

May lead employees of same or lower grade.

### EXAMPLES OF DUTIES

As a legal practitioner performs legal research and the legal work of the Office, including preparing, analyzing, and reviewing the opinions, regulations, and contracts affecting the State of Connecticut; prepares and represents the State in cases of varying degrees of difficulty and complexity before State agencies and courts; provides legal counsel for State agencies, departments, boards and commissions with a wide range or a heavy caseload of legal problems; performs related duties as required.

### KNOWLEDGE, SKILL AND ABILITY

Considerable knowledge of basic law and legal process, legal principles and practice, administrative law, constitutional law, rules of process, and statutory authority of the Attorney General; knowledge of rules of statutory construction; knowledge of rights and obligations of State agencies; considerable litigation and legal counseling skills; considerable oral and written communication skills; considerable interpersonal skills; considerable ability to analyze legal problems, present statements of fact, law and argument; ability to review and/or draft proposed contracts, regulations and legislation.

### **MINIMUM QUALIFICATIONS - GENERAL EXPERIENCE**

Three (3) years of experience in the practice of law.

### **MINIMUM QUALIFICATIONS - SUBSTITUTIONS ALLOWED**

1. For State employees experience as an Assistant Attorney General 1 shall substitute for the General Experience.
2. Experience as a Judicial Law Clerk may substitute for the General Experience.

### **SPECIAL REQUIREMENTS**

1. Must be admitted to practice law in the State of Connecticut.
2. May be required to travel.

### **JOB CLASS DESIGNATION**

Classified/Non-Examined

### **OCCUPATIONAL GROUP**

(18)-Legal

### **BARGAINING UNIT**

(37)-ASSISTANT ATTYS GENERAL

### **EEO**

(1)-Officials And Administrators

### **SALARY INFORMATION**

MP 67

### **CANCELLATION CLAUSE**

This replaces the existing specification for the class of Assistant Attorney General 2 in Salary Group MP 67 approved effective September 10, 2007. (Revised to change Bargaining Unit)

### **EFFECTIVE DATE**

11/16/2016

**CLASS:** 0400MP; **EST:** 4/1/1960; **REV:** 11/16/2016;

\_\_\_\_\_  
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.

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
HOME PHONE #

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
BUSINESS PHONE #

May we call you at work? \_\_Yes \_\_No

(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
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
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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
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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](http://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

**SECTION 7: EMPLOYMENT HISTORY (CONTINUED)**

\_\_\_\_\_  
Examination Title or Position Title

**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: \_\_\_/\_\_\_/\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Phone Number: \_\_\_\_\_  
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: \_\_\_/\_\_\_/\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Phone Number: \_\_\_\_\_  
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

**SECTION 7: EMPLOYMENT HISTORY (CONTINUED)**

\_\_\_\_\_  
Examination Title or Position Title

**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: \_\_\_/\_\_\_/\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Phone Number: \_\_\_\_\_  
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: \_\_\_/\_\_\_/\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Phone Number: \_\_\_\_\_  
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.)

**SECTION 8: VETERAN'S PREFERENCE**

Examination Title or Position Title

Any veteran who served in the armed forces of the United 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. Service in a time of war is defined by CGS 27-103(a) and includes service in World War 2, the Korean Conflict, the Vietnam era (2/28/61 to 7/1/75), the Persian Gulf war and any other war declared by Congress, as well as service while engaged in combat or a combat support role in Lebanon from 7/1/58 to 11/1/58 and 9/29/82-3/30/84, Grenada from 10/25/83 to 12/15/83, Operation Earnest Will from 7/24/87 to 8/1/90 and Panama from 12/10/89 to 1/31/90. **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: \_\_\_\_\_

# BIOGRAPHICAL SUPPLEMENT

ASSISTANT ATTORNEY GENERAL 1

ASSISTANT ATTORNEY GENERAL 2

NAME: \_\_\_\_\_  
FIRST NAME, MIDDLE INITIAL, LAST NAME

## LAW SCHOOL CLASS RANK

Please indicate your class rank by checking the highest level that applies and state class size and date of class rank.

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 60%    |
| <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 70%    |
| <input type="checkbox"/> Top 30% | <input type="checkbox"/> Top 80%    |
| <input type="checkbox"/> Top 40% | <input type="checkbox"/> Top 90%    |
| <input type="checkbox"/> Top 50% | <input type="checkbox"/> Lowest 10% |

Class Size \_\_\_\_\_ Class rank as of \_\_\_\_\_

## SPECIAL RECOGNITION

**UNDERGRADUATE/GRADUATE:** Have you received any academic honors or awards (such as summa, magna, cum laude, etc.)?

Yes  No

Specify:

**LAW SCHOOL:** Have you receive any law school academic honors or awards (such as Law Review, Book Awards, Moot Court competition Awards, Order of the COIF, etc.)?

Yes  No

Specify:

**SCHOLARSHIPS:** Have you ever received a scholarship based on academic achievement?

Yes  No

Specify:

**BAR ADMISSION**

Are you admitted to practice in the State of Connecticut: Yes  No

If Yes, date Admitted: \_\_\_\_\_ Juris No. \_\_\_\_\_

If No, when do you plan to take the bar exam? \_\_\_\_\_

Are you admitted to practice before the courts of any other state or jurisdiction, including the Federal courts?

Yes  No

If Yes, please state which court(s) and/or jurisdiction(s), including date(s) of admission

\_\_\_\_\_

Have you ever been reprimanded, suspended, disbarred or otherwise disciplined or are there any charges or complaints pending against you as an attorney? Yes  No

If yes, please explain (use separate page, if necessary):

\_\_\_\_\_

**AREAS OF INTEREST**

In the space below, please indicate, in order of preference, which department of the Attorney General's Office you would be most interested in working. (See attached descriptions of departments.) List the letter of the department only.

- |              |                               |                                |
|--------------|-------------------------------|--------------------------------|
| Choice _____ | A. Antitrust                  | I. Finance                     |
| Choice _____ | B. Child Protection           | J. Health Care Fraud           |
| Choice _____ | C. Civil Rights/Torts         | K. Health/Education            |
| Choice _____ | D. Collections/ Child Support | L. Public Safety               |
| Choice _____ | E. Consumer Protection        | M. Special Litigation          |
|              | F. Employment Rights          | N. Transportation              |
|              | G. Energy                     | O. Workers' Compensation/Labor |
|              | H. Environment                |                                |

If you have an interest in a particular area of law, please describe and explain.

**REFERENCES**

Please list two references, at least one of whom is from the legal field, who will be asked to complete a Reference Supplement form on your behalf.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**CERTIFICATION**

I certify that the statements made by me on this form are COMPLETE and TRUE to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification or 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



**Office of the Attorney General**  
**REFERENCE SUPPLEMENT**  
**ASSISTANT ATTORNEY GENERAL I / ASSISTANT ATTORNEY GENERAL II**

**Applicant Name** \_\_\_\_\_

The Connecticut Office of the Attorney General is interested in your candid comments on the person named above, who has applied for a legal position within our office. This reference form is an important aspect of our evaluation of candidates. Please explain how you know the candidate, and consider the following areas in your appraisal of him/her.

- ❖ Communication Skills (oral and/or written)
- ❖ Analytical Ability/Judgment
- ❖ Interpersonal Skills
- ❖ Initiative
- ❖ Attitude and Motivation
- ❖ Reliability and Dependability
- ❖ Integrity

Any other comments you feel are appropriate will be appreciated. Please use the other side of this page, if necessary. Since a candidate's application package is not deemed complete unless and until the Reference Supplements are submitted, we encourage a timely submission of the completed form (within two weeks) to:

**State of Connecticut**  
**Office of the Attorney General**  
**Human Resources Division**  
**165 Capitol Avenue, 5<sup>th</sup> Floor**  
**Hartford, Connecticut 06106**

This will ensure that the candidate will be given timely consideration by this office. Thank you for your assistance.

---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Reference**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Company or School**

\_\_\_\_\_  
**Address**

**Office of the Attorney General**  
**REFERENCE SUPPLEMENT**  
**ASSISTANT ATTORNEY GENERAL I / ASSISTANT ATTORNEY GENERAL II**

**Applicant Name** \_\_\_\_\_

The Connecticut Office of the Attorney General is interested in your candid comments on the person named above, who has applied for a legal position within our office. This reference form is an important aspect of our evaluation of candidates. Please explain how you know the candidate, and consider the following areas in your appraisal of him/her.

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**165 Capitol Avenue, 5<sup>th</sup> Floor**  
**Hartford, Connecticut 06106**

This will ensure that the candidate will be given timely consideration by this office. Thank you for your assistance.

---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Reference**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Company or School**

\_\_\_\_\_  
**Address**