



# CT Tech Act Project - Tech Mentor Application

Personal/Employment History and Release Statement

**Please provide three personal references (other than family members):**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ ZIP \_\_\_\_\_  
 Relationship \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

**EMPLOYMENT HISTORY**

List the last three places of employment with the most recent first:

Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_

**MENTOR RELEASE STATEMENT**

I, the undersigned, hereby state that if hired as a Tech Mentor, I agree to abide by the rules and regulations of the Connecticut Tech Act Project, Tech Mentor Program (the "Program"). I also agree to abide by all applicable laws. I agree to attend all required training sessions, and the regularly scheduled meetings. I am willing to commit to 6 months (or one semester if a college students) in the program and then may be asked to renew for another 6 months (or one semester if a college student), at my option. During all times in which I am participating in the Program, I understand that I will be required to keep in regular contact with my Mentee and communicate with Program Coordinator.

I hereby certify that I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance.

I am not under current indictment.

I understand that Program Coordinator reserves the right to terminate any Mentor from the Program at any time for any reason. I give permission for the Tech Mentor Program to conduct a criminal background check and verify any and all information provided by me on this Program application, as part of the screening for entrance into the Program,

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including without limitation verification of personal and employment references as well as a criminal check with the local authorities. Program Coordinator has final right of acceptance of applicant into the program at their sole discretion.

I have read the above Mentor Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### ***Criminal Background Check Form***

A PAGE MAY BE ATTACHED FOR THE POLICE CRIMINAL BACKGROUND CHECK FORM.