



TOWN OF WETHERSFIELD, CONNECTICUT

Department of Human Resources
505 Silas Deane Highway
Wethersfield, CT 06109
860-721-2802 FAX: 860-721-2994

APPLICATION FOR EMPLOYMENT

This application constitutes a part of the examination process. The Town cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Your statements may be brief, but do not omit important information which may have relevance to the position.

POSITION APPLYING FOR: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town/City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Social Security No: _____

Are you either a U. S. Citizen or an alien authorized to work in the United States? Yes _____ No _____

Are you 18 years old or older? Yes _____ No _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ State: _____ Operator's No.: _____

Do you have a Commercial Driver's License? Yes _____ No _____ Operator's No.: _____

Type of Employment Desired: (circle all applicable) Full Time Part Time Seasonal Temporary

EDUCATION:

Name of School Attended	Address	Dates Attended From To	Did You Graduate?	Degree Awarded
High School/GED				
College				
Other				

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your **most recent** employer. You **must include both the month and year** of employment history. List all positions held. Include any applicable military and voluntary positions. If required, attach additional information.

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May We Contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Mo. Year Mo. Year Starting Final

Duties and Responsibilities: _____

Reason for Leaving: _____

REFERENCES: Give the names of at least three persons, other than relatives, who are familiar with your character, job qualifications and work performance to provide information about you. Please provide **complete** address and phone number of reference.

Name	Address	Phone	Relationship

SPECIALIZED TRAINING OR SKILLS: List any special qualifications or experience which you feel may qualify you for the position for which you are applying (include licenses, certifications, areas of research, professional memberships, seminars and special awards.)

Complete if applicable: I have the following skills:

Typewriter Personal Computer Word Processing

Word Processing Used: _____

Other Computer Programs Used: _____

ADDITIONAL INFORMATION:

To help us better evaluate your qualifications for a Town position, use this space to provide any additional information necessary to describe your full qualifications.

Have you ever been convicted of a law violation other than a minor traffic offense? Yes ____ No ____

If yes, please explain: _____

(Note: Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Have you ever been fired or asked to resign from a job? Yes ____ No ____

If yes, please explain: _____

CERTIFICATION: Please read the following and sign where indicated.

1. I certify that there are no misrepresentations, omission or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced.
2. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.
3. I give my consent to the Town to check with personal references, medical records, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records.
4. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
5. The acceptance of this application does not constitute an employment agreement. In the event I am employed by the Town, I agree to comply with all of its orders, rules and regulations.
6. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.
7. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the Town's Drug and Alcohol Testing Program.

I hereby acknowledge that I have read the above statements and understand them.

Signature

Date: _____

Please Print Name

COMPLETE ONLY IF HIRED BY THE TOWN:

"I certify that my completed application is truthful and accurate. I further certify that there have been no changes in the information provided on the application from the time of its completion to my date of hire."

Signature

Date: _____

**TOWN OF WETHERSFIELD, CONNECTICUT
VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE**

INSTRUCTIONS: Each applicant for employment with the Town of Wethersfield is requested to complete the following questions. This information is needed for compliance with governmental selection requirements and for EEO reports. It will be removed when your application is reviewed and kept separate from the regular application. The information you provide will not be considered in the employment process. Completion of this questionnaire is not required and is strictly volunteer. Your cooperation in completing this is appreciated.

1, Position Applied For: _____

2. Sex: Female _____ Male _____

3. Age:

16 or less _____ 17 to 25 _____ 26 to 40 _____ 41 to 65 _____ 66 or older _____

4. Ethnic Group: (check one)

White _____ Black _____ Hispanic _____ Asian American _____

American Indian _____ Other _____

How did you hear about this position?

___ Advertisement _____ Publication _____

___ Connecticut Employment Service

___ Community or Professional Organization/ Agency Name: _____

___ Referred by Town Employee

___ Other

Name: _____ Date: _____

Address: _____ Town/City _____ State _____ Zip _____