



TOWN OF WETHERSFIELD

Human Resources Department

505 Silas Deane Highway,

Wethersfield, CT 06109

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 a resume or other supporting documents 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 that may have relevance to the position.

POSITION APPLYING FOR: _____ **Date:** _____

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

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

Primary Phone: _____ **Secondary Phone:** _____

Email Address (REQUIRED): _____

Are you either a U.S. Citizen or otherwise legally eligible to work in the United States? Yes _____ No _____

Are you 18 Years 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 **C**ommercial **D**river's **L**icense? Yes _____ No _____ Operator's No. _____

Type of Employment Desired: (circle all that are applicable) FULL TIME PART TIME SEASONAL TEMPORARY

EDUCATION:

Name of School Attended	Address	Dates Attended		Did you Graduate?	Degree Awarded
		From	To		
<u>High School/GED</u>					
<u>College</u>					
<u>Other</u>					

THE TOWN OF WETHERSFIELD IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON DISCRIMINATION IN EMPLOYMENT ON ANY BASIS PROHIBITED BY LAW.

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 Ending

Duties & 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 Ending

Duties & 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 Ending

Duties & 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 Ending

Duties & 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 specific 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:

___ Personal Computer ___ *Microsoft Word* ___ *Microsoft Excel* ___ *Adobe*

Other computer software used: _____

ADDITIONAL INFORMATION:

Occasionally, an application form makes it difficult for an individual to adequately summarize his/her complete background. To help us better evaluate your qualifications for a Town position, use the space below to provide any additional information to describe your full qualifications.

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, 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. Applicant 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 CDL's 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

How did you hear about this position?

_____ Town of Wethersfield Website

_____ Referred by Town Employee

_____ Connecticut Employment Service

_____ Rare Reminder

_____ Community or Professional Organization/Agency (please specify) _____

_____ Other internet advertisement (please specify) _____

_____ Other (please specify) _____

DO NOT WRITE BELOW THIS LINE – FOR HUMAN RESOURCES USE ONLY

“I certify that my complete 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

Please Print Name

Date

