

Town of West Hartford

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

In compliance with the Freedom of Information Act, this application and information contained herein may be considered a matter of public record.

The Town of West Hartford does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, age, physical disability or covered veteran status. No question on this application is intended to secure information to be used for such discrimination. Please return this application to the Town of West Hartford, Department of Employee Services, 50 South Main Street, West Hartford, CT 06107. If you have any questions, call (860) 561-7481 An Equal Opportunity Employer M/F Town of West Hartford

Please answer every question on this application. Type or complete in ink. Date: \_\_\_\_\_ I. POSITION(S) APPLYING FOR OR TYPE OF WORK INTERESTED IN A. \_\_\_\_\_ B. \_\_\_\_\_ II. PERSONAL INFORMATION Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_ Cellular Telephone Number: \_\_\_\_\_ Are You Over Age 16? \_\_\_\_\_ Are You Under Age 14? \_\_\_\_\_

III. AVAILABILITY Date Available For Work: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Hours: \_\_\_\_\_ Would you accept a position which required evening, shift or weekend work? Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. EDUCATION**

NAME	ADDRESS	CITY	STATE	MAJOR COURSE OR SUBJECT	CIRCLE LAST YEAR COMPLETED	LIST DEGREE RECEIVED
G.E.D. EQUIVALENCY						
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
COLLEGE					1 2 3 4	
GRADUATE WORK					1 2 3 4	

List scholastic honors, offices held, and activities in high school and/or college: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. SPECIALIZED TRAINING OR SKILLS**

A. List any special qualifications, or certifications/licenses which you feel may especially qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships).

\_\_\_\_\_  
 \_\_\_\_\_

B. Please list all computer software and other office equipment which you use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. ADDITIONAL PERSONAL INFORMATION**

Use the space below to provide additional information necessary to describe your full qualifications.

\_\_\_\_\_  
 \_\_\_\_\_

**VII. REFERENCES**

List below 3 individuals (not relatives) who know your character, ability, and experience.

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

**VIII. EMPLOYMENT RECORD**

In the space provided below, give your employment history beginning with your most recent employer and work back listing all previous employers for the past 15 years. Include any applicable military and voluntary positions. Use additional sheets of plain paper if you need more space.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

1) Name & Address of Employer: \_\_\_\_\_

Starting Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Ending Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Salary: Beginning: \_\_\_\_\_ Present: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Name and Title of your Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your present or last job title: \_\_\_\_\_

Your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Name & Address of Employer: \_\_\_\_\_

Starting Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Ending Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Name and Title of your Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your last job title: \_\_\_\_\_

Your duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:** I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered. I also give consent for you to check with previous employers and personal references and release the Town, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Town of West Hartford

**AFFIRMATIVE ACTION QUESTIONNAIRE**

INSTRUCTIONS: The completion of this form is voluntary. However, the information is needed for compliance with governmental selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. Position Applied For: \_\_\_\_\_

2. AGE (Please check one)

\_\_\_\_\_ 16 or less

\_\_\_\_\_ 41 to 65

\_\_\_\_\_ 17 to 25

\_\_\_\_\_ 66 to older

\_\_\_\_\_ 26 to 40

3. Sex:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

4. Ethnic Racial Status (Please check one only)

\_\_\_\_\_ White

\_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black

\_\_\_\_\_ Asian/Pacific Islander

5. \_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Vietnam Era Veteran

\_\_\_\_\_ Other Veteran

6. HOW DID YOU HEAR ABOUT THIS JOB?

a) \_\_\_\_\_ Hartford Courant

i) \_\_\_\_\_ Minority Agency \_\_\_\_\_

b.) \_\_\_\_\_ Hartford Inquirer

j) \_\_\_\_\_ Female Agency

c) \_\_\_\_\_ New Britain Herald

k) \_\_\_\_\_ Radio/Television

d) \_\_\_\_\_ West Hartford News

l) \_\_\_\_\_ A current employee

e) \_\_\_\_\_ CT Employment Service

m) \_\_\_\_\_ Professional Journal \_\_\_\_\_

f) \_\_\_\_\_ Professional Organization

n) \_\_\_\_\_ Private Employment Agency

g) \_\_\_\_\_ New England Minority News

o) \_\_\_\_\_ Internet

h) \_\_\_\_\_ West Hartford Web Site

p) \_\_\_\_\_ Other \_\_\_\_\_

I certify that the above information is true and correct.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## AFFIRMATIVE ACTION

The Town of West Hartford, in compliance with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1973, takes affirmative action to employ and advance in employment qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job with or without accommodation?  Yes  No

If you are disabled, are there any accommodations needed to participate in the application process or accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations?  Yes  No If "Yes," please explain:

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