

TOWN OF MANCHESTER, CONNECTICUT HUMAN RESOURCES DEPARTMENT



41 Center Street - P.O. Box 191 Manchester, CT 06045-0191 Telephone: (860) 647-3126

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. Make your statements brief, but do not omit important information that may be relevant to the position. Please complete in black or blue ink or type.

Name .					
Name:	First	Middle		Last	
Address:					
	Street/Apt. No./P.O. Box	Cit	у	State	Zip
Telephone:		Ce	ellular/Mobile Tele	phone:	
E-mail addr	ess:				
	er a U.S. Citizen or an alien a years old or older? Yes		work in the United	d States? Yes	No
	rform the essential functions o		vhich you are app	olying, with or w	vithout reasonabl
Do you have	e a valid driver's license? Yes	No _	Operator's N	lo.:	
<u>C</u> ommercial	<u>Drivers License: Yes</u>	No C	perator's No:		
Please attac	ch a copy of CDL if required fo	r vacancy.			
EDUCATIO		·			
	ddress of Schools Attended		Did You Graduate?	Degre Award	
High School	ol				
College					

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

<u>EMPLOYMENT HISTORY</u>: In the space provided below, give your employment history beginning with your <u>current or most recent</u> employer. In order to evaluate your application properly, you must <u>include both the month and year of employment history</u>. List all positions held. Include any applicable military and voluntary positions. Resumes may be attached to this application but will not substitute for the completed application. (If additional space is required, please attach an additional sheet and use the same format as below.)

a.	Name of Employer:			Pnone:			
	Address:						
	Name & Title of Supervisor:			May We Contact?			
	Decree for Leaving						
	Reason for Leaving:						
	• •			Per Week:			
	Employed From://///	10: Mo.	Yr.				
				Phone:			
	Address:						
	Name & Title of Supervisor:			May We Contact?			
	Reason for Leaving:						
				Per Week:			
	Employed From:/	To:	/				
	(Full Date) Mo. Yr.	Mo.	Yr.				
				Phone:			
	Address:						
	Name & Title of Supervisor:			May We Contact?			
	Reason for Leaving:						
	_			Per Week:			
	Employed From:/						

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REFERENCES: List below three individuals (not relatives) who know your character, ability and experience. Name Street City/State/Zip Telephone SPECIALIZED TRAINING AND SKILLS: List any special qualifications, skills, knowledge or experience that you possess which may be relevant to the position for which you are applying (include seminars, special awards, professional memberships and licenses.) List any computer software and office computer skills: ADDITIONAL INFORMATION: Occasionally, an application form makes it difficult for an individual to Town position, use the space below to provide any additional information to describe your full qualifications.

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.

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Have you ever been fired or asked to resign from a job? Yes	No
If yes, please explain.	
PLEASE READ: I certify the above information is correct and truthful any information on this application may be grounds for rejection of the employment, if the falsification is discovered after employment common check with personal references, previous employers and educational employment and personal history and to receive reports that may be other employers. I also give you consent to check post-conditional jour records. I release the Town, previous employers and educational information truthful disclosure of information concerning my employment or understand that the acceptance of this form does not constitute an ecomplete this application in its entirety may result in my disqualification employment. Proof of citizenship or employment eligibility in accordant Control Act of 1986 will be required if appointed. DRUG/ALCOHOL TESTING: The Town reserves the right to conduct testing of all applicants. Applicants will be required to pass a test for misuse. Failure to pass such tests will result in the withdrawal of any	his application or termination of henced. I give consent for you to I institutions concerning my past relevant to my background from bb offer medical, criminal and driving stitutions from any liability arising personal history. I further mployment agreement. Failure to on from any further consideration for ance with the Immigration Reform
I hereby acknowledge that I have read the above statements and un	derstand them.
Signature	Date

TOWN OF MANCHESTER, CONNECTICUT AFFIRMATIVE ACTION QUESTIONNAIRE

<u>Instructions:</u> Each applicant for employment with the Town of Manchester is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1.	<u>Ethnic</u>	<u>c <i>Group</i>:</u> (check one	e)				
	Hispanic or Latino White (Non Hispanic or Latino) Black or African American (Non Hispanic or Latino) Asian (Non Hispanic or Latino) Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) American Indian or Alaska Native (Non Hispanic or Latino) Two or More Races (Non Hispanic or Latino)						
2.	<u>Sex</u> :	Female	Male				
3.	<u>Age</u> :	16 or less	17 to 25	_ :	26 to 40		
		41 to 65	66 or older				
4.	<u>Applie</u>	ed in Response to:					
		_ Town of Manches	ter Website	N	Manchester Matter	rs Website	
		_ Hartford Courant			ournal Inquirer		
		_ Careerbuilder.con	n	(CT JobCentral.con	n	
		Referred by Town	Employee				
		Other Internet adv	vertisement (please	specify)			
		_ Other Newspaper	(please specify)				
		_ Other (please spe	ecify)				
I certif	y that t	he above information	on is correct. Please	e print le	gibly.		
		(Street)	(City)		(Sta	ate/Zip)	
Email:				Telepho	ne No		
O: 4							

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