



APPLICATION FOR EMPLOYMENT

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 which may have relevance to the position.

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Position Applying For: _____

Name: _____
 First Middle Last

Address: _____
 Street/Apt. No./P.O. Box City State Zip

Telephone: _____ Cellular/Mobile Telephone: _____

E-mail address: _____

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

EDUCATION:

<u>Name & Address of Schools Attended</u>	<u>Did You Graduate?</u>	<u>Degree Awarded</u>
High School		
College		
Other		

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your most recent employer. In order to evaluate your application properly, you must include both the month and year of employment history. List all positions held. Include any applicable military and voluntary positions. (If additional space is required, please attach an additional sheet and use the same format as below.)

a. Name of Employer: _____ Phone: _____

Address: _____

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

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: ___ Part Time: ___ / Hours Per Week: _____

Employed From: ___ / ___ To: ___ / ___ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

b. Name of Employer: _____ Phone: _____

Address: _____

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

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: ____ Part Time: ____ / Hours Per Week: _____

Employed From: ____ / ____ To: ____ / ____ Salary: \$ ____ / ____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

c. Name of Employer: _____ Phone: _____

Address: _____

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

Your Job Title: _____ Duties: _____

Reason for Leaving: _____

Employed: Full Time: ____ Part Time: ____ / Hours Per Week: _____

Employed From: ____ / ____ To: ____ / ____ Salary: \$ ____ / ____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

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

Name	Street	City/State/Zip	Telephone
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1. _____

2. _____

3. _____

Please list all residences for the previous 20 years:

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

If yes, please explain. _____

Do you understand that as a requisite to this selection process you may be required to submit to fingerprinting?

Yes _____ No _____

Signature: _____

PLEASE READ:

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, if the falsification is discovered after employment commenced. I also give consent for you to check with personal references, medical records as allowed under ADA, previous employers and educational institutions concerning my past employment and personal history and to check criminal and driving records. I release the Manchester Police Activities League, Inc., previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand that the acceptance of this form does not constitute an employment agreement. Failure to fill out this application completely may result in my disqualification from any further consideration for employment. Proof of citizenship or employment eligibility in accordance with the Immigration Reform and Control Act of 1986 will be required at time of appointment.

I consent to the release of information for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees for employment purposes.

DRUG/ALCOHOL TESTING:

The Manchester Police Activities League, Inc. reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs of abuse and/or alcohol misuse. Failure to pass such tests will result in the withdrawal of any offer of employment.

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

Signature

Date

**TOWN OF MANCHESTER, CONNECTICUT
AFFIRMATIVE ACTION QUESTIONNAIRE**

Instructions: 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. Ethnic Group: (check one)

- 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. Sex: Female _____ Male _____

3. Age: 16 or less _____ 17 to 25 _____ 26 to 40 _____
41 to 65 _____ 66 or older _____

4. Applied in Response to:

- _____ Town of Manchester Website _____ Manchester Matters Website
- _____ Hartford Courant _____ Journal Inquirer
- _____ Careerbuilder.com _____ CT JobCentral.com
- _____ Referred by Town Employee
- _____ Other Internet advertisement (please specify) _____
- _____ Other Newspaper (please specify) _____
- _____ Other (please specify) _____

I certify that the above information is correct. Please print legibly.

Position Applying For: _____ Date: _____

Name: _____ SSN: _____

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

Email: _____ Telephone No. _____

Signature: _____

Manchester Police Activities League, Inc.
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Manchester Police Activities League, Inc. representative, a duly authorized agent of the Manchester Police Activities League, Inc. whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, background investigations conducted by other departments, sufficiency ratings, psychological reports, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, wherever filed, including records of the Internal Revenue Service; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Manchester Police Activities League, Inc. to consider in determining my suitability for employment by the Manchester Police Activities League, Inc. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability for employment by the Manchester Police Activities League, Inc. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information or releasing photocopies of such information. I further release the Manchester Police Activities League, Inc. its officers and employees from any and all liability which may be incurred as a result of collecting such information and conducting my background investigation.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I have read and fully understand the contents of this "Authorization for Release of Personal Information."

Signature of Applicant

Witness to Signature

Date of Birth

Social Security #

Date of Signature