

EMPLOYMENT APPLICATION

TOWN OF WALLINGFORD

Personnel Department
45 South Main Street
Wallingford, CT 06492
Phone: (203) 294-2080
Facsimile: (203) 294-2084



OFFICE USE ONLY	
	WT: _____
	OT: _____
	TT: _____
	ST: _____
	AT: _____
RESUME RECEIVED:	PT: _____
	SD: _____
	SC: _____
APPLICATION SENT:	VPC: _____
	TOTAL: _____
	RANK #: _____

1. NAME: _____ DATE: _____
Last First M.I.

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ CELL: (____) _____ WORK: (____) _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ U.S. CITIZEN: YES _____ NO _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ TYPE: _____

COMMERCIAL DRIVER'S LICENSE (CDL): YES _____ NO _____

FORMER RESIDENCE (if at current residence for less than five years): _____

2. POSITION APPLIED FOR: _____

- a. Do you want to work (check one): **FULL-TIME** _____ **PART-TIME** _____
TEMPORARY _____ **SUMMER YOUTH** (students only) _____
- b. Are you over 18? **YES** _____ **NO** _____. If applying for a police officer position, are you over age 21?
YES _____ **NO** _____
- c. Are you a U.S. Armed Forces veteran? **YES** _____ **NO** _____. If you have wartime military service, you may qualify for veteran's preference points under the Town of Wallingford's Personnel Rules. In order to qualify, you must attach your DD Form 214. The Personnel Rules also allow for disabled veteran's preference points. Proof of such qualification must be attached to this application.
- d. Have you ever worked for the Town of Wallingford? **YES** _____ **NO** _____ If yes, when and in what capacity?

THE TOWN OF WALLINGFORD IS AN EQUAL OPPORTUNITY EMPLOYER

3. EDUCATION

LEVEL	School Name and Address	Circle Level Completed	Dates Attended	Did you Graduate?	Degree Awarded (BS, BA etc)	Major Course of Study
High School		10 11 12				
College		1 2 3 4 5 6				
Trade School						
Other						

High School Equivalency Diploma (GED?) Yes _____ No _____ State _____ Number _____

4. EMPLOYMENT HISTORY

In the space provided below, give your complete work history beginning with the most RECENT employer first. Include all positions held and indicate applicable military and self-employment periods of service. Use additional sheets if necessary.

Employer: _____ From: _____ / _____ To: _____ / _____
mo. yr. mo. yr.

Address: _____ Work Phone #: (_____) _____ - _____

Your Title: _____ Hourly Wage or Salary: _____ / _____
starting ending

Supervisor's Name: _____ Supervisor's Title: _____

Your Duties: _____

Reasons for Leaving: _____

Employer: _____ From: _____ / _____ To: _____ / _____
mo. yr. mo. yr.

Address: _____ Work Phone #: (_____) _____ - _____

Your Title: _____ Hourly Wage or Salary: _____ / _____
starting ending

Supervisor's Name: _____ Supervisor's Title: _____

Your Duties: _____

Reasons for Leaving: _____

Employer: _____ From: _____ / _____ To: _____ / _____
mo. yr. mo. yr.

Address: _____ Work Phone #: (_____) _____ - _____

Your Title: _____ Hourly Wage or Salary: _____ / _____
starting ending

Supervisor's Name: _____ Supervisor's Title: _____

Your Duties: _____

Reasons for Leaving: _____

Employer: _____ From: _____ / _____ To: _____ / _____
mo. yr. mo. yr.

Address: _____ Work Phone #: (_____) _____ - _____

Your Title: _____ Hourly Wage or Salary: _____ / _____
starting ending

Supervisor's Name: _____ Supervisor's Title: _____

Your Duties: _____

Reasons for Leaving: _____

5. GENERAL INFORMATION

a. Do you have relatives currently employed by the Town of Wallingford? **YES** _____ **NO** _____

If yes, please provide name, title, department and relationship to you _____

b. Have you ever been fired or asked to resign from a job? **YES** _____ **NO** _____ If yes, please explain on reverse.

c. Please list three personal references (not related to you):

- | | | | | |
|----|---------------------|------------------------|------------------------------|-----------------------------|
| 1. | _____ | _____ | (_____) _____ | _____ |
| | <small>name</small> | <small>address</small> | <small>daytime phone</small> | <small>relationship</small> |
| 2. | _____ | _____ | (_____) _____ | _____ |
| | <small>name</small> | <small>address</small> | <small>daytime phone</small> | <small>relationship</small> |
| 3. | _____ | _____ | (_____) _____ | _____ |
| | <small>name</small> | <small>address</small> | <small>daytime phone</small> | <small>relationship</small> |

d. **In case of emergency:** Name of Nearest Relative: _____

Relation to you: _____ Address: _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

NOTICE AND CERTIFICATION (Please Read Carefully)

The Town of Wallingford is an equal opportunity employer and does not discriminate as to age, race, color, creed, marital status, sex, national origin, sexual orientation, disability or other protected status under state and federal laws.

I hereby certify that the information I have provided on this application, including any attachments, résumés and cover letters, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application and attachments, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application and attachments are subject to verification. I authorize all persons or organizations listed on this application, to provide the Town of Wallingford with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter. If I have applied for a position deemed to be safety-sensitive, I understand the Town has the right and the duty to solicit certain CDL-related drug and alcohol testing information from prior employers.

DRUG AND ALCOHOL TESTING

The Town of Wallingford requires successful completion of a drug and/or alcohol test as part of its pre-employment screening process. Additionally, the Town requires successful completion of a drug and/or alcohol test if it has reasonable suspicion that an employee is under the influence of drugs or alcohol which adversely affects, or could adversely affect, the employee's job performance. The Town also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random drug and alcohol testing. Drug and alcohol tests are conducted for the Town by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the Town's employment criteria.

DISCLOSURE OF ARRESTS OR CONVICTIONS THAT HAVE BEEN ERASED

An applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to CGS Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the statutes and may so swear under oath.

Have you ever been convicted of a crime, other than a traffic offense, in which the record of that conviction has not been erased pursuant to state law? Yes ___ No ___

If yes, please explain (use separate sheet if needed): _____

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED IF THIS NOTICE IS NOT SIGNED AND DATED.

I have read and understand the above.

Signature: _____ Date: _____

Print Name: _____

COMPLIANCE INFORMATION

The following information is needed for compliance with government selection requirements and for Equal Employment Opportunity reports. It will be detached when your application is filed, and the information on it will not be considered in the employment process.

1. Name: _____

2. Address: _____

3. Social Security Number: _____

4. Date of Birth: _____

5. Job Applied For: _____

6. Sex: Male _____ Female _____

7. Describe yourself in terms of one of the following groups (check one):

- | | | | |
|--------------------|-------|--------------------|-------|
| a. American Indian | _____ | d. Hispanic | _____ |
| b. Asian American | _____ | e. White | _____ |
| c. Black | _____ | f. Other (specify) | _____ |

8. Today's Date is: _____

RECRUITING INFORMATION

How did you hear about this job? (please circle all that apply)

- a. Meriden Record-Journal
- b. New Haven Register
- c. Hartford Courant
- d. Inner City News
- e. Other newspaper (name) _____
- f. Professional Journal (name) _____
- g. Community Agency (name) _____
- h. Public Access TV
- i. Present Town Employee
- j. Internet (website name) _____
- k. Town of Wallingford Website
- l. Radio (name) _____
- m. Other (please specify) _____