

An Equal Opportunity Employer APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES - SIMSBURY TOWN OFFICE BUILDING

P.O. Box 495 - 933 Hopmeadow Street, Simsbury, CT 06070

Job application will be kept on file

for a maximum of three years.

1. Job Applying For	(Complete in ink or type)		4. Do you posses a valid drivers license required for the job applied for?		
			Yes	No	
USE TITLE ON JOB ANNOUNCEMEN	Т				
2. Your Name			5. Your telephone number		
(PRINT) LAST NAME	FIRST	MIDDLE	HOME	WORK	
3. Address			5a. May we call you at work?		
			Yes	No	
NO AND OTDEET OD D.O. DOV				No	
NO. AND STREET, OR P.O. BOX		APT.NO.	6. Are you legally authorized to	work in the US 2	
			6. Are you legally authorized to	WORK IN THE 0.3.?	
			Yes	No	
CITY	STATE	ZIP CODE	-		
 Date of Birth (Required for Police applicants only). 	8. A. Social Security Number	2	aim 5 point preference based duty in the U.S. Atmed Forces?	Yes N	No
	B. Are you a U.S. Citizen? Yes No		g 5 point veteran credit,		

10a. CRIMINAL BACKGROUND:

Please complete the attached separate page and return with the completed application form.

11. EDUCATION A. Did you graduate from high school?	Yes	No	B. If you have a high school equivalency certificate, give the place the certificate was granted: PLACE			
C. Give the last high school, or trade scho	ol you attended					
NAME OF SCHOOL			LOCATION COURSE			COURSE
D. List any colleges, business schools, or technical schools you attended following high school graduation:						
NAME OF SCHOOL	LOCATIO	ON	COURSE OR MAJOR	DATES A	TTENDED	DEGREE OR CERTIFICATE RECEIVED

E. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other details related to the job for which you are applying.

F. This form must be fully completed and signed for further consideration. <u>Reference to any attachments is not acceptable</u>.

*State law prohibits job discrimination on the basis of age, race, color, sex, marital status, religious creed, sexual orientation, national origin, ancestry, past or present mental disorder, mental retardation, learning disability or physical disability unless they are bona fide occupational qualifications.

Do you require a reasonable accommodation to take the employment test for this position opening?

No

Yes

12. EXPERIENCE: Des	cribe under the headir	ngs given below	y, your employment history, including military service. BEGIN WITH YOUR MOST		
RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory					
proof of experience	e claimed. ENDING DATE				
STARTING DATE MONTH YEAR	MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER			
REGULAR SALARY (e:	xcl. O.T., etc.)	HOURS PER	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR		
		WEEK			
DATE OF LAST INCRE	EASE	REASON FOR	LEAVING (explain)		
YOUR PRESENT OR L	AST JOB TITLE:				
YOUR DUTIES:					
	1	1			
STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND A	DDRESS OF PRESENT OR LAST EMPLOYER		
MONTH TEAK	WONTH TEAR				
REGULAR SALARY (e:	xcl. 0.1., etc.)	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR		
		WEEK			
DATE OF LAST INCRE	FASE	REASON FOR	LEAVING (explain)		
YOUR PRESENT OR L	AST JOB TITLE:				
YOUR DUTIES:					
STARTING DATE	ENDING DATE	NAME AND A	DDRESS OF PRESENT OR LAST EMPLOYER		
MONTH YEAR	MONTH YEAR				
REGULAR SALARY (e:	xcl. O.T., etc.)	HOURS PER	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR		
		WEEK			
DATE OF LAST INCRE	DATE OF LAST INCREASE REASON FOR LEAVING (explain)				
YOUR PRESENT OR L	AST JOB TITLE:				
YOUR DUTIES:					
			Vec N		
13a. Have you any c	bjection to Human Re	sources checkir	ng employment references? Yes No		
2			please provide us with such name(s) in		
order that we d	can adequately verify e	employment his	tory or educational background.		
14. SPECIAL SKILLS	OR ABILITIES (Option	al)			
IF MODE SDACE IS D		IONAL SHEETS	ARRANGED IN THE SAME MANNER, ATTACH SUCH SHEET AT TOP OF PAGE.		
			connection with this application are true, complete, and correct to the best of my knowledge and		
	-		mplete, false, or inaccurate information may result in the rejection of this application and that false		
-			e approval for the Town to inquire of my employment references and credit report. If I do not wish to		
			notification of same. I understand that my employment is terminable at will by either party. I also lifying test(s) for this position, including a pre-employment medical exam and physical agility test,		
	drug screening test, if				

DATE

SIGNATURE OF APPLICANT

10. CRIMINAL BACKGROUND

(Continued from the Front Page of the Application)

NOTE:

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT

Applicants are <u>not</u> required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows:

- (a) a finding of delinquency or that a child was a member of a family with service needs;
- (b) a sentence as a youthful offender;
- (c) a criminal charge that was dismissed or "nolled";
- (d) a criminal charge for which the person was found not guilty; and
- (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Have you ever been convicted of a crime? Yes

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

Applicant's Signature:

Date:

No

Equal Employment Opportunity Questionnaire

To the applicant: The town of Simsbury is an Equal Opportunity Employer. In order to assist the town in assessing its Affirmative Action Plan and improving its recruitment program, it would be helpful if you would provide the following information.

Response to the questionnaire is <u>optional</u>. You are <u>not</u> required to provide this information and failure to answer the questions will <u>not</u> affect the status of your application. If completed, please place this form along with your completed job application in an envelope and mail to the Town of Simsbury.

The Town of Simsbury appreciates your cooperation in helping to fulfill its commitment to Affirmative Action and Equal Employment Opportunity.

Name:						
	Last		First	Middle		
Address:						
	Street	City	Stat	e Zip		
Position Sou	ight:		Date of Birth:			
Sex:	Male	Female				
If you wish to identify yourself as a member of a particular racial or ethnic group, please check one of the following:						
U White	Black	🗌 Hispanic	Asian or Pacific-Islander	American Indian or Alaskan Native		
Do you have a handicap or disability?						
How did you learn of the position opening?						