

TOWN OF MANCHESTER, CONNECTICUT HUMAN RESOURCES DEPARTMENT

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



POLICE OFFICER - 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 which may have relevance to the position.

Name: First	Middle		Las	et .
Address:				
Street/Apt. No./	P.O. Box	City	State	Zip
Telephone:		_Cellular/Mobi	le Telephone	e:
E-mail address:	_Social Security No:			
The Police Officer Standards unit in the State of Connection eligibility requirements? YES /	cut be a citizen of the			
The Police Officer Standards Do you meet the POSTC eligit			quires that a	all recruits be 21 years of ago
Do you have a valid driver's lic State:	ense? Yes No _	Operator's	No.:	
ARMED SERVICE EXPERIEN	ICE: Branch:			
Served From:	Го:	Discharge St	atus:	
EDUCATION:				
Name & Address of Schools	<u>Attended</u>	Did You Graduate	<u>9?</u>	<u>Degree</u> <u>Awarded</u>
High School				
College				
Other				

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

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: 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: c. Name of Employer: ______ Phone: _____ Address: Name & Title of Supervisor: _____ May We Contact?__ ___ Your Job Title: Duties: Reason for Leaving: Employed: Full Time: _____ / Hours Per Week: ______ Employed From: ____/ ___ To: ___/ __ Salary: \$____/ __
(Full Date) Mo. Yr. Mo. Yr. Beginning End

<u>EMPLOYMENT HISTORY</u>: 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

experience. Name Street City/State/Zip Telephone Please list all residences for the previous 20 years: **FAMILY INFORMATION:** <u>Address</u> <u>Name</u> Age Mother Father Sister(s) Brother(s) Spouse 5 (Maiden Name, if applicable)

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

Have you ever been fired or asked to re	esign from a job? Yes / No	
If yes, please explain.		
·	to this selection process you may be required to subnation, fingerprinting as well as an agility test and	
Yes No Signature:_		
falsification of any information on this a termination of employment, if the falsification of employment, if the falsification of employment, if the falsification of employment of the constitutional institutions and drive educational institutions from any liable employment or personal history. I fur constitute an employment agreement. The many disqualification from any further employment eligibility in accordance we required at time of appointment. I adescription for Police Officer and under	e information is correct and truthful. I realize, to application may be grounds for rejection of this application is discovered after employment commenced resonal references, medical records as allowed und institutions concerning my past employment and pring records. I release the Town, previous employility arising from disclosure of information concernither understand that the acceptance of this form of Failure to fill out this application completely may consideration for employment. Proof of citizer with the Immigration Reform and Control Act of 1980 acknowledge that I received and read a copy of restand that passing a post-job offer physical examinatory requirement for employment with the Manchester.	cation or d. I also ler ADA, personal yers and ning my does not result in aship or 6 will be the job ation, as
schools, law enforcement agencies, personnel staff, and other authorized applications submitted for employment	about my ability and fitness for employment by emand other individuals and organizations to invest employees for employment purposes. I understated the may be public records and that the Town cannot information provided on an employment application.	stigators, and that
alcohol testing of all applicants. Applica	wn reserves the right to conduct pre-employment of ants will be required to pass a test for drugs of abus ests will result in the withdrawal of any offer of emplo	e and/or
I hereby acknowledge that I have read	the above statements and understand them.	
Signature	 Date	
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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>	c Group: (check or	ne)				
	White Black Asian Native Ameri	(Non Hispanic or e Hawaiian or Oth ican Indian or Alas	an (Non Hispanic d	(Non His	spanic or Latino)		
2.	<u>Sex</u> :	Female	Male				
3.	<u>Age</u> :		_ 17 to 25 66 or older _		26 to 40		
4.	<u>Applie</u>	ed in Response to	:				
		_ Town of Manche	ster Website		_ Town of Manches	ter Recruitment Hotline	
		_ Hartford Courant			_ Journal Inquirer		
		_ Careerbuilder.co	m		_ CT JobCentral.com	m	
	·	Referred by Tow	n Employee				
Other Internet advertisement (please specify)							
	Other Newspaper (please specify)						
I certify	y that t	he above informat	ion is correct. Plea	ase prin	t legibly.		
Positio	n Appl	lying For:		-	Date:		
Addres	ss:						
		(Street)	(City))	(St	ate/Zip)	
Email:				Telep	hone No		
Signat	ure: _						

TOWN OF MANCHESTER, CONNECTICUT EMPLOYMENT APPLICATION SUPPLEMENT

(This insert must be completed and submitted with the application.)

Please read the following before answering the next question:

"Conviction" for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. "Conviction" does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest, criminal charge or conviction which has been erased from you record under law. Such records can include a) records of a finding of delinquency or that a child was a member of a family with service needs, b) adjudication of youthful offender status, c) criminal charges dismissed or nolled, d) charges for which a person is found not guilty or e) a conviction later resulting in an absolute pardon. Any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not automatically bar you from consideration of employment. Factors such as the date, severity and nature of the offense, as well as rehabilitation, will be taken into account.

Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire in the Human Resources Department.

Have you ever been convicted of a crime? If yes, please explain in the space provided:

]] Yes	[] N	No		
I certify the	above informa	ation is corre	ect and truthful.		
Signature				-	Date
Print Name	9		_		

Revised 7/08

TOWN OF MANCHESTER, CONNECTICUT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Date of Birth	Social Security Number	Date of Signature
Signature of Applicant	Witness	s to Signature
of itself, constitute a bas		e refusal to grant this authorization will not, in. I have read and fully understand the rmation."
A photocopy of this releas not contain an original wri		reof, even though the said photocopy does
developed directly or indir in determining my suitable person(s) who may furnis this information; and I d incurred as a result of further release the Mano Manchester Police Departre	ectly, in whole or in part upon to dility for employment by the Tow h such information concerning not o hereby release said person(s) rnishing such information or release hester Human Resource Depart ment and it's officers and employ	history background investigation, which is his release authorization will be considered on of Manchester. I also certify that any ne shall not be held accountable for giving from any and all liability which may be easing photocopies of such information. It is the Town of Manchester and the rees from any and all liability which may be lucting my background investigation.
my personal life, for the spertinent data for the Townby the Town. It is my speconfidential it may appear	specific purpose of pursuing a ba vn of Manchester to consider in ecific intent to provide access to	re access to the background and history of ackground investigation which may provide determining my suitability for employment personal information, however personal or nation specifically enumerated above is not not one of the personal determined because it is not not one of the personal determined because it is not not one of the personal determined because it is not one of t
educational institutions, firebalances of checking and credit agencies (including including background redepartments, sufficiency me, and salary records; including records of the Infor alleged or actual vio complaints of a civil naturand recollection of attorney.	nancial or credit institutions, inclusively savings accounts and loans, and credit reports and/or ratings); aports, polygraph and backgrotatings, psychological reports, coreal and personal property tax aternal Revenue Service; records lations of the law, including core made by or against me, where	Il and complete disclosure of the records of uding records of deposits, withdrawals and also the records of commercial or retail employment and pre-employment records, bund investigations conducted by other omplaints or grievances filed by or against statements and records, wherever filed, of complaint, arrest, trial and/or conviction riminal and/or traffic records; records of esoever located, and to include the records whether representing me or another person est.
	e, a duly authorized agent of the	, do hereby authorize a review of and accerning myself, to a Manchester Police Town of Manchester whether said records