

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your current or 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. 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: _____ 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

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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

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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
1.			
2.			
3.			

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.)

Complete, if applicable. I have the following skills:

Typing at _____ w.p.m. Word Processing _____ AutoCAD _____

Computer Programs Used: _____

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.

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. 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 give consent for you to check with personal references, previous employers and educational institutions concerning my past employment and personal history and to receive reports that may be relevant to my background from other employers. I also give you consent to check post-conditional job offer medical, criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from truthful 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 complete this application in its entirety 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 if appointed.

DRUG/ALCOHOL TESTING: The Town 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

DO NOT WRITE BELOW THIS LINE – FOR HUMAN RESOURCES OFFICE USE ONLY

"I certify that my completed application is truthful and accurate. I further certify that there have been no changes in the information provided on the application from the time of its completion to my date of hire."

Signature

(Please Print Name)

Date

STATE OF CONNECTICUT)

) SS _____, _____ 20

COUNTY OF)

Personally appeared before me, _____, who signed the foregoing statement and has full knowledge of the purpose of this statement.

Notary Public

My Commission Expires _____

**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 _____ Town of Manchester Recruitment Hotline
- _____ 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: _____