

APPLICATION FOR EMPLOYMENT

TOWN OF STAFFORD, CONNECTICUT

EQUAL EMPLOYMENT OPPORTUNITY

THE TOWN OF STAFFORD IS AN EQUAL OPPORTUNITY EMPLOYER. THIS MEANS THAT ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, PREGNANCY, SEXUAL ORIENTATION, THE PRESENCE OF NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CLASS.

THIS APPLICATION MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK. THIS APPLICATION MUST BE COMPLETED IN FULL AND MUST BEAR AN ORIGINAL SIGNATURE.

Date _____

PERSONAL INFORMATION

NAME: _____
Last First Middle

PRESENT ADDRESS:

No. Street City State Zip Code

PERMANENT ADDRESS (if different than present address):

No. Street City State Zip Code

PHONE NUMBER: (____) _____ - _____
Home Other/(Cell)

EMERGENCY CONTACT INFORMATION:

In case of an emergency notify:

NAME _____ RELATIONSHIP _____

PHONE NUMBER: (____) _____ - _____ (____) _____ - _____
Home Other/(Cell)

Are you legally eligible for employment in the United States? Yes ___ No ___ (If Yes, verification will be required.)

Are you under the age of 18? Yes ___ No ___

Are you requesting any accommodation to complete the application process? Yes ___ No ___

EMPLOYMENT DESIRED

JOB: Position(s) applied for: _____ Date Available: _____ Salary Desired _____

INTEREST: Regular/Full-time ___ Part-time ___ Temporary ___ Summer ___ Other _____

WERE YOU REFERRED BY ANY OF THE FOLLOWING?

- Newspaper Advertisement Name of Newspaper _____
- Employment Agency
- Employee Name of Employee _____
- Other _____

ARE YOU CURRENTLY EMPLOYED? Yes ___ No ___ If so, may we inquire of your present employer? Yes ___ No ___

Have you ever applied to work for the Town of Stafford before? Yes ___ No ___

If yes, when? _____ Were you hired? Yes ___ No ___

GENERAL INFORMATION

Typing skill (if applicable) _____ WPM

Computer Skill (if applicable) list all computer systems and programs you are proficient in:

List office equipment you can operate (if applicable)

Relevant equipment which you can operate (if applicable)

EMPLOYMENT INFORMATION

Are you physically and mentally able to perform the job applied for?	Yes	No
If no, is there any accommodation that would allow you to perform this job?	Yes	No

Can you work overtime?	Yes	No
Can you work overtime without prior notice?	Yes	No
Can you work on Saturday?	Yes	No
Can you work on Sunday?	Yes	No
Have you ever been convicted of a felony or misdemeanor?	Yes	No

If Yes, please list felonies and misdemeanors and explain.

NOTE: The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which 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 nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. The applicant is not required to disclose the existence of criminal records that have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the general statutes with respect to these proceedings so erased and may so swear under oath.

DRIVER INFORMATION

Some positions with the Town of Stafford require employees to drive.
If you are applying for a driver's position or a position which requires driving, please answer the following:

Do you have a valid driver's license? Yes ___ No ___

If Yes - license no. _____ State _____ Expiration date _____

Do you have a CDL? Yes ___ No ___ If yes, Class A or B? _____

Has your license ever been revoked or suspended? Yes ___ No ___

EDUCATIONAL HISTORY

	Elementary	High School	College	Trade School	Other
School Name					
Years Completed					
Diploma/Degree Received?					
Subjects Studied					

Describe specialized training, apprenticeship, skills or extra-curricular activities that relate to the position for which you are applying (omit any activities that would disclose your race, religion or other protected class):

EMPLOYMENT HISTORY

List below your employers for the last ten (10) years. Start with your most recent employer first. Attach an additional sheet if necessary.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				

APPLICANT'S CERTIFICATIONS AND AGREEMENTS

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations and policies of the Town of Stafford.

I authorize representatives of the Town of Stafford to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Town of Stafford and hereby release all such persons and waive any and all claims, demand or causes of action whatsoever, in connection with the request for release of such information. I also voluntarily agree to submit to any lawful security examination or investigation as a condition precedent to employment or at any time during my employment. I hereby release the Town of Stafford, its agents and employees from any liability resulting from or in connection with the results or use of the results of any of the above described examinations, reference checks and investigations.

I understand that, as part of the application process, the Town of Stafford conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such background check, that I will fully cooperate and provide any information requested. I understand that, as a condition of my consideration for employment with the Town of Stafford, or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Town of Stafford's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town of Stafford will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town of Stafford. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I understand that I am not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which 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 nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and the applicant is not required to disclose the existence of criminal records have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the general statutes with respect to these proceedings so erased and may so swear under oath.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Town of Stafford then as a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every state in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Town of Stafford motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Town of Stafford cannot insure me due to my motor vehicle operator history, my employment may be terminated.

And finally, I voluntarily consent to a controlled substance test in accordance with applicable law and understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination

of employment. I also voluntarily consent to a medical examination conducted at the request of the Town of Stafford. I understand that the results of these medical examinations and tests will be provided to the Town of Stafford.

I have read, understand and agree to the forgoing.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME



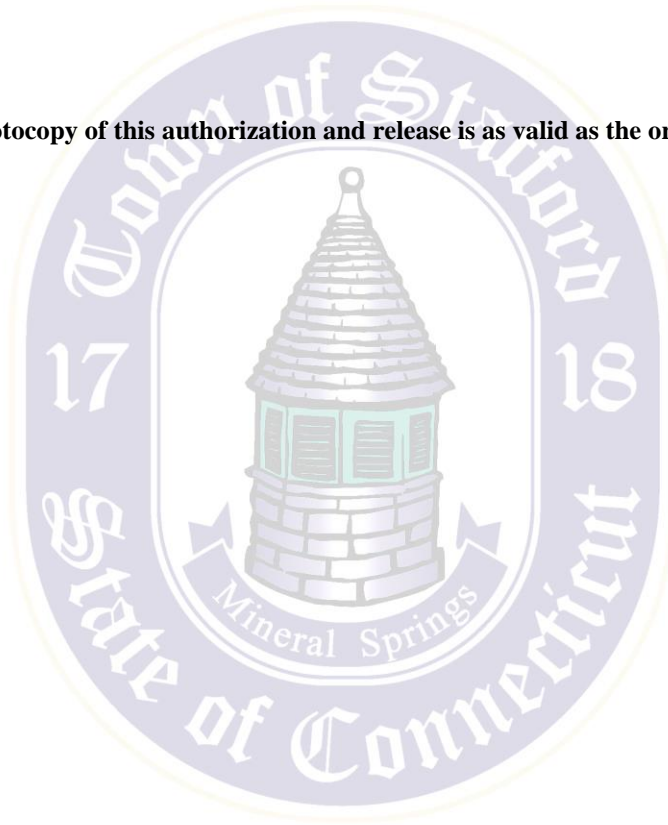
EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I, _____, hereby authorize my previous employers to release to the Town of Stafford (the "Town"), any and all employment and personnel information requested, including, but not limited to personnel records, payroll records and any other documents of any nature in your possession, custody or control. I hereby specifically release and hold harmless the Town and any past, present and future employers, their employees and agents, from any and all claims or liability as a result of disclosing or revealing any record or information concerning my employment, in accordance with this authorization to the Town.

APPLICANT'S SIGNATURE

DATE

A photocopy of this authorization and release is as valid as the original.



Consent To Controlled Substances Testing

I VOLUNTARILY AND WITHOUT DURESS CONSENT TO SUBMIT TO CONTROLLED SUBSTANCES AND/OR ALCOHOL TESTING IN ACCORDANCE WITH APPLICABLE LAW.

I CONSENT TO ALLOW _____(laboratory testing service) TO TAKE A SPECIMEN OF MY HAIR, URINE OR BLOOD AND SUBMIT IF FOR PRE-EMPLOYMENT, REASONABLE SUSPICION, OR RANDOM DRUG/ALCOHOL TESTING IN ACCORDANCE WITH APPLICABLE LAW. I FURTHER CONSENT TO ALLOW THE LABORATORY TESTING SERVICE TO MAKE THE RESULTS OF SUCH SCREEN AVAILABLE TO THE TOWN OF STAFFORD (THE "TOWN").

IN CONSIDERATION FOR SUCH SERVICES BEING RENDERED ON MY BEHALF, I HEREBY RELEASE THE LABORATORY TESTING SERVICE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS WHICH I MIGHT OTHERWISE HAVE DUE TO SUCH RESULTS BEING MADE SO AVAILABLE. I HEREBY AGREE NOT TO FILE ANY ACTION AT LAW OR IN EQUITY AGAINST THE TOWN, THE LABORATORY TESTING SERVICE, THEIR RESPECTIVE OFFICERS, AGENTS OR EMPLOYEES IN CONNECTION WITH THE RESULTS OF SUCH SCREEN BEING MADE SO AVAILABLE, AND I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE TOWN, THE LABORATORY TESTING SERVICE, THEIR RESPECTIVE OFFICERS, AGENTS AND EMPLOYEES FROM ALL DAMAGES, EXPENSES REASONABLE ATTORNEY'S FEES AND COSTS OF COURT WHICH THEY OR ANY OF THEM MAY SUFFER OR INCUR, JOINTLY OR SEVERALLY, DUE TO THE RESULTS OF SUCH SCREEN BEING MADE SO AVAILABLE.

EMPLOYEE'S NAME

DATE

EMPLOYEE'S SIGNATURE

