

OFFICE USE ONLY

WT: _____
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SC: _____
VPC: _____
TOTAL: _____
RANK # _____

RESUME RECEIVED:

APPLICATION SENT:

EMPLOYMENT APPLICATION

TOWN OF WALLINGFORD

Department of Human Resources

45 South Main Street

Wallingford, CT 06492

Phone: (203) 294-2080

Facsimile: (203) 294-2084

www.town.wallingford.ct.us



1. NAME: _____ DATE: _____

ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

EMAIL: _____

SOCIAL SECURITY NUMBER: XXX / XX / _____ (LAST FOUR) U.S. CITIZEN: YES _____ NO _____

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

COMMERCIAL DRIVER'S LICENSE (CDL): YES _____ NO _____ CDL Number _____
(must provide copy)

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?

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3. EDUCATION

LEVEL	School Name and Address	Circle Level Completed	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. You must complete all information requested directly on the application.

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

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

Your Title: _____

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

Your Duties: _____

Reasons for Leaving: _____

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

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

Your Title: _____

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

Your Duties: _____

Reasons for Leaving: _____

Employer: _____ From: _____ / _____ / _____ To: _____ / _____ / _____
mo. yr. mo. yr.
 Address: _____ Work Phone #: (_____) _____ - _____
 Your Title: _____
 Supervisor's Name: _____ Supervisor's Title: _____
 Your Duties: _____

 Reasons for Leaving: _____

Employer: _____ From: _____ / _____ / _____ To: _____ / _____ / _____
mo. yr. mo. yr.
 Address: _____ Work Phone #: (_____) _____ - _____
 Your Title: _____
 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 side.

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

1. _____ (_____)
name address daytime phone relationship
2. _____ (_____)
name address daytime phone relationship
3. _____ (_____)
name address daytime phone relationship

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

Relation to you: _____ Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

ADDITIONAL INFORMATION: _____

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.

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. This form 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. Last four digits of Social Security Number: _____
4. Job Applied For: _____
5. Sex: Male _____ Female _____
6. Describe yourself in terms of one of the following groups (check one):
 - a. White (not Hispanic or Latino) _____
 - b. Black or African American (not Hispanic or Latino) _____
 - c. Hispanic or Latino _____
 - d. Asian (not Hispanic or Latino) _____
 - e. American Indian/Alaskan Native (not Hispanic or Latino) _____
 - f. Native Hawaiian or other Pacific Islander (not Hispanic or Latino) _____
 - g. Two or more races (not Hispanic or Latino) _____

RECRUITING INFORMATION

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

- a. Newspaper (name) _____
- b. Professional Journal (name) _____
- c. Community Agency (name) _____
- d. Public Access TV
- e. Present Town Employee
- f. Internet (website name) _____
- g. Town of Wallingford website
- h. Radio (name) _____
- i. Other (please specify) _____

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