

Town of Rocky Hill



Application Packet

APPLICATION FOR EMPLOYMENT

TOWN OF ROCKY HILL
761 Old Main Street
Rocky Hill, Conn. 06067

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED

GENERAL INFORMATION:

Name _____ Home Phone # () _____
Last First

Email Address: _____ Work Phone # () _____

Address _____
Street City State Zip Code

EMPLOYMENT DESIRED: (you must state a desired position)

Position: _____ Available start _____

Full Time _____ Part Time _____ Seasonal _____ Temporary _____

PERSONAL INFORMATION:

Do you reside in Rocky Hill? Yes ___ How long ___ No ___

Are you a U.S. citizen or legally eligible to work in the USA?
Yes ___ No ___ (an I-9 verification form is required)

Did you serve in the Military? If yes, please give dates of service and
branch of the military _____

Have you ever been employed by the Town? Yes ___ No ___

When and in which department _____

Do you have a family member employed by the Town? Yes ___ No ___

Name of family member(s) _____

Name, Phone number and Relationship of Person to contact in an emergency

Have you ever been convicted of a crime? Yes ___ No ___, If yes, please explain

Have you ever been discharged by an employer? Yes ___ No ___

Have you ever received a motor vehicle violation? Yes ___ No ___
If yes, explain _____

Connecticut Driver's License ID# _____

EDUCATION:

How far did you go in school? _____

Did you receive a High School Diploma? _____ Year of graduation _____

Name and address of High School _____

List any and all additional education, training, etc.

| School | From | To | Course | Degree |
|--------|-------|-------|--------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

For Clerical applicants:

Do you use and have computer knowledge? Yes ____ NO ____

If so, please list programs you have familiarity in _____

Do you have office experience? Please explain _____

Do you have any special office skills? _____

For non-clerical applicants:

Please list any and all technical, mechanical, vocational skills and equipment you can operate _____

Do you have a CDL license? Yes ___ No ___ If yes, please give ID# _____

EMPLOYMENT RECORD:

This section must be completed even if you are attaching a resume

Most recent Employer: _____

Supervisor's name: _____ Phone # _____

Full or Part time: _____

Dates of employment _____

Position held: _____

Brief description of duties _____

Reason for leaving: _____

Employer: _____
Supervisor's name: _____ Phone # _____
Full or Part time: _____
Dates of employment _____
Position held: _____
Brief description of duties _____
Reason for leaving: _____

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Supervisor's name: _____ Phone # _____
Full or Part time: _____
Dates of employment _____
Position held: _____
Brief description of duties _____
Reason for leaving: _____

If you need additional space, please follow the above format on a separate sheet of paper.

REFERENCES: One MUST be a former supervisor, please indicate which person is your former supervisor

| NAME | ADDRESS | PHONE |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol policy. Therefore, you may be required to undergo a urine drug/alcohol screening and/or be subjected to a breathalyzer prior to or during the course of your employment with the Town. The Town's policy and testing is according to law. In addition, some positions are considered "safety-sensitive" and those positions are mandated by law, to undergo routine random testing.

Some employment positions shall require a background, financial and/or criminal investigation.

I have applied to the Town of Rocky Hill for employment. I hereby give the Town permission and full authority to investigate my background. I hereby authorize the release of any such information to the Town of Rocky Hill upon their request.

I have read the contents of this application and fully understand it.

DATE

Applicant's signature

EQUAL OPPORTUNITY QUESTIONNAIRE

The Town of Rocky Hill is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis as prohibited by law.

You are requested to complete this form so that the Town of Rocky Hill may maintain applicant statistics for the EEOC reports. This form will be detached when your application is filed and will not be considered in the employment process. **You are not required to complete this form in order for your employment application to be considered.**

NAME(optional) _____ **Date** _____

Position _____

Male ____ **Female** _____

Date of Birth _____

Do you need special accommodations? ____Yes ____No

Are you a Rocky Hill resident? ____Yes ____No

Describe yourself:

____Caucasian

____Black

____Hispanic

____Asian or Pacific Islander

____American Indian/Alaskan Native

____Other; describe _____

How did you learn about this job opening:

____Hartford Courant

____Other print media

____Rare Reminder

____Internet

____Professional Journal

____State of Ct. Job Bank

____Employment service

____Town employee

____Other; please specify _____



Town of Rocky Hill

761 OLD MAIN STREET • ROCKY HILL, CONNECTICUT 06067 • (860) 258-2740 • FAX (860) 258-2737
PERSONNEL DEPARTMENT

GENERAL AUTHORIZATION / RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment and other experiences. Workers Compensation information will be requested in compliance with the Americans With Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the employer and others acting on it's behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business of the employer and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or insurance company contacted by us, directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information.

Print Name: _____ / _____ / _____
(last) (first) (middle)

Previous Name(s) _____ date of name change(s) _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Current Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Previous Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Applicant / Tenant Signature: _____ Date: _____

Company Performing Background: _____

Contact: _____ Phone: _____ Fax: _____

- Please select:
- | | | | |
|----------------------------|-------------------------------------|-----------------------------------|--------------------------|
| Criminal Records/SS Verify | <input checked="" type="checkbox"/> | Education Verification | <input type="checkbox"/> |
| Criminal and Credit | <input type="checkbox"/> | Employment Verification | <input type="checkbox"/> |
| Criminal Credit & Driving | <input type="checkbox"/> | Worker's Compensation | <input type="checkbox"/> |
| Federal Criminal Check | <input type="checkbox"/> | Employment Verification | <input type="checkbox"/> |
| Resume Verification | <input type="checkbox"/> | Civil Litigation Search | <input type="checkbox"/> |
| Driving Record | <input checked="" type="checkbox"/> | Professional License Verification | <input type="checkbox"/> |
| Drug Screening | <input type="checkbox"/> | | |
| Special Instructions _____ | | | |

