



CITY OF GROTON APPLICATION FOR EMPLOYMENT

PLEASE NOTE: Applications for employment must be completed in full with an original signature by the applicant for consideration in the hiring process. Attaching a resume does not relieve the applicant of this requirement.

DISCRIMINATION BECAUSE OF AN INDIVIDUAL RACE, COLOR, RELIGIOUS CREED, AGE, SEX, MARITAL OR CIVIL UNION STATUS, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEXUAL ORIENTATION, VETERAN STATUS OR ANY OTHER PROTECTED CLASS IS PROHIBITED. THE CITY OF GROTON IS AN EQUAL OPPORTUNITY EMPLOYER IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL LAWS. THIS MEANS THAT WE MAKE EMPLOYMENT DECISIONS BASED SOLELY UPON YOUR QUALIFICATIONS AND ABILITIES. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST YOU MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, THE FEDERAL COMMUNICATIONS COMMISSION OR OTHER APPROPRIATE AGENCY.

DATE:

PERSONAL INFORMATION

NAME

Last

First

Middle

PRESENT ADDRESS:

Street

Apartment #

City

State

Zip Code

PHONE NUMBER:

Home Phone

Cell Phone

Email address

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES NO IF YES, VERIFICATION WILL BE REQUIRED.

ARE YOU UNDER THE AGE OF 18? NO YES If under the age of 18, please provide your date of birth _____.

EMPLOYMENT DESIRED

POSITION APPLIED FOR*:

*Please note exact title of position(s) you are applying for.

DATE AVAILABLE TO START WORK:

WAGE DESIRED:

WHAT TYPE OF POSITION? REGULAR PART TIME TEMPORARY SUMMER INTERNSHIP

ARE YOU CURRENTLY EMPLOYED? YES NO

HAVE YOU EVER APPLIED TO WORK FOR THE CITY OF GROTON BEFORE? YES NO

WHEN? _____ WHICH DEPARTMENT? _____

HOW DID YOU HEAR ABOUT THE JOB?

EMPLOYMENT ADVERTISEMENT WALK -IN WEBSITE OTHER

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

DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME WITHOUT PRIOR NOTICE? YES NO

CAN YOU TRAVEL OUT OF STATE IF REQUIRED BY THIS POSITION? YES NO

HAVE YOU BEEN CONVICTED OF A CRIME? YES NO

(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.)

IF YOU ANSWERED "YES," PLEASE DESCRIBE THE NATURE OF THE OFFENSE, THE DATE OF THE CONVICTIONS AND THE NATURE OF ANY REHABILITATION.

Note: You are 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. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the Connecticut General Statutes with respect to the proceedings so erased and may so swear under oath.

Print Name

Signature

Date

(THIS STATEMENT MUST BE SIGNED WHETHER YOU ANSWERED YES OR NO ABOVE)

EMPLOYMENT EXPERIENCE

START WITH YOUR **CURRENT EMPLOYMENT** OR LAST JOB HELD. INCLUDE MILITARY SERVICE, ASSIGNMENTS, AND VOLUNTEER ACTIVITIES. (YOU MAY EXCLUDE ORGANIZATION NAMES THAT INCLUDE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITY, OR OTHER LEGALLY PROTECTED STATUS). PLEASE LIST PAST **SEVEN YEARS** OF EMPLOYMENT. **THIS SECTION IS TO BE COMPLETED IN DETAIL TO INCLUDE CITY, STATE, ZIP CODE, PHONE NUMBERS, SUPERVISOR'S TITLE, ETC. PLEASE DO NOT WRITE REFER/SEE RÉSUMÉ.**

Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			
Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			

Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			
Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			

Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			
Employer's Name	Dates Employed		Describe Detailed Work Performed
	From Month/year	To Month/year	
Street			
City/State/Zip Code			
Your Job Title	Hourly Rate/Salary Start Final		
Supervisor's Name and Title			
Supervisor's Phone Number			
Your reason for leaving			

IF YOU NEED ADDITIONAL PAGES FOR YOUR EMPLOYMENT, YOU CAN MAKE COPIES OF THIS PAGE.

NOTE: PLEASE PRINT ALL PAGES OF APPLICATION ON A SINGLE PAGE.

EDUCATIONAL HISTORY

Schools Attended	Name of School	Diploma/Degree Achieved/Subject
High School		
College		
University		
Other		

Describe specialized training, apprenticeship, skills or extra-curricular activities that would be beneficial to the position for which you are applying. (You may exclude organization names which include race, color, religion, gender, national origin, disability or other legally protected status).

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES – LICENSE # STATE ISSUED EXPIRATION DATE

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO

IS IT A COMMERCIAL DRIVER LICENSE? YES _____ NO _____ CLASS A _____ CLASS B _____

PLEASE LIST ANY ENDORSEMENTS YOU HAVE ON YOUR CDL DRIVER'S LICENSE: _____

REFERENCES

PLEASE LIST NAMES OF THREE (3) PROFESSIONAL REFERENCES (ONE MUST BE A SUPERVISOR. PLEASE ASTERISK * THE SUPERVISOR):

<u>NAME</u>	<u>TEL. NO.</u>	<u>OCCUPATION</u>	<u>YEARS KNOWN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CITY OF GROTON AGREEMENT AND RELEASE

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

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 the City of Groton to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy. I understand that all employment appointments are probationary, during which time I must demonstrate my fitness for continued employment.

I understand that, as part of the application procedure for employment at the City of Groton, I will be required to submit to a urinalysis test to detect the existence of drugs and other intoxicants. The test will be administered as required by State or Federal Law. I further understand that, if the test is positive, I will be given a copy of the results, if requested.

I understand that as part of the application process, the City of Groton conducts thorough background checks (which may include a check of my criminal history) done on prospective employees. I agree, if contacted with respect to such background check, that I will fully cooperate and provide any information requested.

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 nullified, 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 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.

As a condition of employment I understand that information relative to the status of any driver's duties, particularly insurability of a driver by the City of Groton, is a vital job function.

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 City of Groton motor vehicle is an essential job function.

I understand that if at any time (now or in the future) the City of Groton cannot insure me due to my motor vehicle operator history my employment will be terminated.

APPLICANT'S SIGNATURE

DATE

AUTHORIZATION AND RELEASE

I, _____ hereby authorize all previous employers and references to release to the City of Groton, any and all employment and personnel information requested, including, but not limited to my personnel file(s). I hereby also specifically release and hold harmless the City of Groton, or any former employer and its employees and/or agents from any and all claims or liability as a result of releasing such information.

APPLICANT'S SIGNATURE

DATE

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital, civil union or veteran status, medical condition or disability or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a "Confidential file" separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

PLEASE PRINT

DATE: POSITION APPLIED FOR:

Advertisement Friend Relative Walk-in Employment Agency Other

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants.

This data is for analysis and possible affirmative action only.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

CHECK ONE OF THE FOLLOWING: Male Female Other

CHECK ONE OF THE FOLLOWING:

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaska Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

THANK YOU FOR TAKING TIME TO FILL OUT THIS SURVEY