

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
APPLICATION FOR EMPLOYMENT**

Please read before filling out this application.

In compliance with the Freedom of Information Act, this application and information contained herein may be considered a matter of public record.

The West Hartford-Bloomfield Health District does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, age, physical disability or covered veteran status. No question on this application is intended to secure information to be used for such discrimination.

Please return this application to the West Hartford-Bloomfield Health District, 580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002. If you have any questions, please call (860) 561-7903.

Please answer every question on this application. Complete in ink or type.

Date _____

I. POSITION(S) APPLYING FOR OR TYPE OF WORK INTERESTED IN:

A. _____ B. _____

II. PERSONAL INFORMATION

Name: _____ Social Security # _____

Address: _____ Home Telephone: _____

Are you over age 16? _____

III. AVAILABILITY

Date available for work: _____

Full Time: _____ Part Time: _____ Hours: _____

Would you accept a position which required evening, shift or weekend work?

Yes _____ No _____

IV. EDUCATION

Name	Address	City	State	Major Course	Last Year Completed	Degree Received		
G.E.D. Equivalency _____								
High School or Preparatory _____					1	2	3	4
College _____					1	2	3	4
Graduate Work _____					1	2	3	4
List scholastic honors, offices held, and activities in high school and/or college:								

V. SPECIALIZED TRAINING OR SKILLS

A. List any special qualifications, or certifications, licenses which you feel may especially qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships).

B. Please list all computer software and other office equipment which you use:

VI. ADDITIONAL PERSONAL INFORMATION

Use the space below to provide additional information necessary to describe your full qualifications:

VII. REFERENCES

List below three (3) individuals (not relatives) who know your character, ability, and experience:

Name	Address	Telephone

VII. EMPLOYMENT RECORD

In the space provided below, give your employment history beginning with your most recent employer and work back listing all previous employers for the past 15 years. Include any applicable military and voluntary positions. Use additional sheets of plain paper if you need more space.

May we contact your present employer? Yes _____ No _____

1. Name & Address of Employer _____

Starting Date: Month _____ Year _____

Ending Date: Month _____ Year _____

Name and Title of your Supervisor _____

Reason for leaving _____

Your present or last job title: _____ Your duties: _____

2. Name & Address of Employer _____
Starting Date: Month _____ Year _____
Ending Date: Month _____ Year _____
Name and Title of your Supervisor: _____
Reason for leaving: _____
Your present or last job title: _____ Your duties: _____

3. Name & Address of Employer _____
Starting Date: Month _____ Year _____
Ending Date: Month _____ Year _____
Name and Title of you Supervisor: _____
Reason for leaving: _____
Your present or last job title: _____ Your duties: _____

CERTIFICATION: 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, depending upon when the falsification is discovered. I also give consent for you to check with previous employers and personal references and release the West Hartford-Bloomfield Health District, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I hereby acknowledge that I have read the above statements and understand them.

SIGNATURE: _____ DATE: _____

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
AFFIRMATIVE ACTION QUESTIONNAIRE**

INSTRUCTIONS: The completion of this form is voluntary. However, the information is needed for compliance with governmental selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. Position Applied For: _____

2. Age (Please check one)

_____ 16 or less

_____ 41 to 65

_____ 17 to 25

_____ 66 to older

_____ 26 to 40

3. Sex: _____ Male _____ Female

4. Ethnic Racial Status (Please check one only):

_____ White

_____ Hispanic

_____ Black

_____ American Indian/Alaskan Native

_____ Disabled Vet

_____ Asian/Pacific Islander

_____ Vietnam Era Veteran

5. How Did you Hear About This Job?

a. _____ Hartford Courant

h. _____ Minority Agency

b. _____ Hartford Inquirer

i. _____ Female Agency

c. _____ New Britain Herald

j. _____ Radio/Television

d. _____ West Hartford News

k. _____ Current Employee

e. _____ CT Employment Service

l. _____ Professional Journal

f. _____ Professional Organization

m. _____ Private Employment Agency

g. _____ New England Minority News

n. _____ Other: _____

I certify that the above information is true and correct:

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

SIGNATURE _____

AFFIRMATIVE ACTION

The West Hartford-Bloomfield Health District, in compliance with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1963, takes affirmative action to employ and advance in employment qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job with or without accommodation:
_____Yes _____No

If you are disabled, are there any accommodations needed to participate in the application process or accommodations we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations?

_____Yes _____No If "Yes", please explain: