



## TOWN OF WEST HARTFORD 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 Town of West Hartford does not discriminate in hiring on the basis of race, color, religious creed, national origin, marital status, age, sex, gender identity or expression, disability or veteran status or any other status protected by applicable law. No question on this application is intended to secure information to be used for such discrimination.

Please return this application to the Town of West Hartford, Department of Human Resources, 50 South Main Street, Room 221, West Hartford, Connecticut 06107. If you have any questions, call 860.561.7488.

The Town of West Hartford Is An Equal Opportunity Employer

Please answer every question on this application. Type or complete in ink. Date:

### I. Position(s) applying for or type of work interested in:

A.  B.

### II. Personal Information:

Name:   
First Middle Last

Address:   
Number & Street City/Town State & ZIP

Primary Phone Number:  Email:

Are You Lawfully Permitted to Work in the United States? Yes  No

### 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, Licensing & Training:**

**High School Education:**

Did you graduate from high school or receive a high school equivalency diploma (GED)? Yes  No

List High School, if GED, Name of Issuing Authority:

**College and Graduate School Information:**

Name of School:

School Address:   
Number & Street                      City/Town                      State & ZIP

Major Course:  Minor Course:

Degree Earned: Yes  No  Attending  Number of Credits Earned

Degree Type: Associates  Bachelors  Masters  Doctoral  Certification

**Specialized Training or Classes:**

Organization/Company/School:

Address:   
Number & Street                      City/Town                      State & ZIP

Program/Course:  Completion Date:

Award Earned:  Number of Credits Earned

**License and Professional Designations:**

Type:  Issuing Agency:

License Number:  Date Issued:  Expires:

**V. Work Experience:**

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 needed.

Official Job Title:

May we contact this employer: Yes  No  Employed From:  To:

Name of Employer:

Employer Address:   
Number & Street                      City/Town                      State & ZIP

Supervisor's Name:  Title:

Primary Phone:

Do you Supervise Others: Yes  No  If "Yes" to Supervising others, how many?

Official Job Title:

May we contact this employer: Yes  No  Employed From:  To:

Name of Employer:

Employer Address:   
Number & Street                      City/Town                      State & ZIP

Supervisor's Name:  Title:

Primary Phone:

Do you Supervise Others: Yes  No  If "Yes" to Supervising others, how many?

**VI. References (must not be family and/or related):**

1. 

Name	Address	Primary Phone
  
2. 

Name	Address	Primary Phone
  
3. 

Name	Address	Primary Phone

**CERTIFICATION:** I certify the above information is correct and truthful. I realize that falsification of any information on this application may be grounds for rejection of this application, or termination of employment. I give consent for the Town of West Hartford to check with previous employers and personal references and release the Town, 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:

**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

INSTRUCTIONS: To further its commitment to equal opportunity employment and to meet State and Federal reporting requirements, the Town of West Hartford requests applicants to voluntarily provide the following information. This information will be used for statistical purposes only by authorized personnel and will not be considered in the evaluation of your application.

1. Position Applied For: \_\_\_\_\_

2. Gender:

- Male
- Female
- Decline to State

3. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to State

4. Race (Please select from one of the following)

- White, Non-Hispanic
- Black/African American (Non-Hispanic)
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or more races
- Decline to State

5. Veteran's Status

- Disabled Veteran
- Vietnam Era Veteran
- Other Veteran

6. How did you hear about this job opportunity?

- a)  Internet: \_\_\_\_\_
- b)  Hartford Courant
- c)  CTHires.com
- d)  West Hartford News
- e)  CT Employment Service
- f)  Professional Organization
- g)  New England Minority News
- h)  Minority Agency: \_\_\_\_\_
- i)  Female Agency: \_\_\_\_\_
- j)  Radio/Television
- k)  A current employee: \_\_\_\_\_
- kl  Professional Journal: \_\_\_\_\_
- m)  West Hartford Web Site
- n)  Other: \_\_\_\_\_

I certify that the above information is true and correct (**please print legibly**).

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**AFFIRMATIVE ACTION (Continued)**

The Town of West Hartford, in compliance with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1973, 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 which 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:

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