

City of New Britain
Affirmative Action/Equal Opportunity/Equal Access Employer



APPLICATION FOR EMPLOYMENT
27 West Main Street, New Britain, CT 06051
(860) 826-3404

_____-_____-_____
Social Security No.

(Print information in ink, or type)

Office Use Only

1. Job Applying For	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Q</td> <td style="width: 50%; border: none;">_____ V</td> </tr> <tr> <td style="border: none;">_____ NQ</td> <td style="border: none;">_____ DV</td> </tr> </table>	_____ Q	_____ V	_____ NQ	_____ DV
_____ Q	_____ V				
_____ NQ	_____ DV				
(use title on job announcement) _____ (exam no.) _____					
2. Your Name					
(print) _____ Last Name _____ First _____ Middle _____	_____ Edu _____ Rev. by: _____				
3. Address	_____ Exp. _____				
(Number and Street, Road or Post Office Box)	_____ Other _____				
_____	_____ Score _____ Rank _____				
City _____ State _____ Zip Code _____					
4. Have you ever served in the U.S. Armed Forces during periods of conflict? Yes _____ No _____	5. Telephone Number (with area code) (_____) _____ - _____				
6. Are you over age 18? Yes _____ No _____	7. Convictions - see "Addendum to Employment Application"				

8. Education

A. Did you graduate from high school? _____ Where? _____

Yes	No	Month	Year	If "No", highest grade completed

B. If you have a high school equivalency certificate, give year and place the certificate was granted:

Year	Place

C. List any colleges, business schools, or technical school you attended:

Name of School	Location	Course or Major	Dates Attended	Degree

D. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, dates attended, subject of training, and other details related to the job for which you are applying.

NOTE: Applications are kept on file for three (3) months from date of receipt unless otherwise noted.

9. EXPERIENCE: Start with your present or last job and work backwards listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of paper if necessary. Work performed more than 10 years ago may be given if it applies to the job for which you are applying.

May we contact your present employer? _____ Yes _____ No

1) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your Job Title: Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your Job Title: Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Salary	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving		
Your Job Title: Your duties:		

10. References: List the name, address and telephone number of three persons with knowledge of your character, experience and ability. Do not list relatives. Use professional, not personal, references. (Current and former employers, teachers/professors, etc.)

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

11. Special Skills and Abilities. Show licenses, (including drivers); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds, computer skills, and any other special abilities or knowledges relating to the job for which you are applying.

12. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that I will be required to pass a medical examination and background check as a condition of appointment. As part of the medical examination process, I may be required to undergo a drug screen. The signing of this application will serve as consent to the drug screen examination.

Date

Signature of Applicant

Addendum to Employment Application

Name: _____

Position Applied for: _____

Social Security #: _____

This information will only be available to the personnel department and to those individuals involved in interviewing the candidate.

NOTICE

Pursuant to the Connecticut General Statutes Public Act 02-136 you are being informed of the following:

An applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o, or 54-142a; criminal records subject to erasure pursuant to these statutes 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 nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the statutes and may so swear under oath.

You are responsible to disclose criminal convictions not covered by this statute. By signing below you acknowledge your understanding of this notice.

Signature of applicant

Printed Name

Date

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ____ YES ____ NO. Give the facts and dates of your conviction(s) below:

**CITY OF NEW BRITAIN
CIVIL SERVICE COMMISSION
REQUEST FOR RESIDENCY CONSIDERATION**

NOTE: THIS FORM IS TO BE COMPLETED BY CITY OF NEW BRITAIN RESIDENTS ONLY. IT DOES NOT IN ANY WAY AFFECT OR DIMINISH THE ABILITY OF NON-RESIDENTS TO COMPETE IN THE TESTING PROCESS. IT DOES HOWEVER, ALLOW THE POTENTIAL FOR ADDITIONAL CONSIDERATION FOR CITY RESIDENTS AFTER THE EMPLOYMENT LIST HAS BEEN CERTIFIED, BY CHAPTER UNDER THE “RULE OF FIVE PLUS THREE.”

In order to qualify for residency consideration in accordance with City Charter and the Civil Service Commission Merit Rules, the Civil Service Office requires that candidates provide irrefutable evidence to substantiate that, at the date of application (no later than the closing date for applications) and at the date of certification for hire you are domiciled in the City of New Britain.

As the intention of the Charter amendment is to give those domiciled in the City of New Britain consideration in hiring, the Director of Personnel is directed to notify all applicants that the application of residency consideration is a privilege subject to being withdrawn if the applicant loses domiciliary status at any time after the filing of this application, including the initial certification of an employment list by the Civil Service Commission, as well as any time during the existence of any employment list.

For purposes of this Request, “DOMICILED” is defined to be, “that place where an individual has his true, fixed and permanent home and to which whenever he is absent he has the intention of returning.”

You are required to complete and submit this form at the time of application in any event not later than the closing date for applications. You must also be prepared to submit any additional documentation that documents proof of domicile as the Director of Personnel may require. This information will be subject to verification by the Civil Service Office or any other agency or department designated by the Civil Service Commission. Attach copies of documents of proof of legal domicile to your application.

IMPORTANT NOTICE: THE APPLICANT BEARS THE BURDEN TO ESTABLISH PROOF OF LEGAL DOMICILE. ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION OR DISMISSAL. A DECISION TO DISQUALIFY SHALL BE FINAL.

If applicant is a current City of New Britain resident, complete and return this form to the City of New Britain with the “Application of Employment”

Examination Number: _____

Position Applied For: _____

Name of Applicant: _____

PLEASE PRINT

I, _____ hereby attest that I am a bona fide resident of the City of New Britain who, as of the closing date for applications for the examination/position above is domiciled within the City. Evidence to substantiate my claim for residency consideration is provided as follows:

CHECK ALL STATEMENTS WHICH APPLY

() 1. _____ own _____ rent property in the City of New Britain at:

Street Address and Zip Code

I have been domiciled in the City since

_____/_____/_____
month day year

If renting property, please provide the following:

Name of Landlord

Telephone #

() 2. My driver's license indicates a New Britain address:

Operator Number

Expires

() 3. I own a motor vehicle registered in the City of New Britain:

Make and Model of Vehicle

License Number

() 4. I am a registered voter in the City of New Britain.

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() 5. I have a child/children who attend school in the City of New Britain.

() 6. I do not own or rent property outside of the City of New Britain.

If you do own or rent property outside of the City of New Britain, please explain:

I hereby certify that I acknowledge that this Request is an addendum to the Application and that ALL statements made by me on this application are true, complete and correct. I understand and agree that if I make any false or misleading statements of fact that I am subject to immediate disqualification, rescinding of certification, removal from the employment list, or dismissal, and to such other penalties prescribed by law of Civil Service Merit Rules or Charter. I also understand that this application for residency consideration is a privilege subject to being withdrawn if I lose domiciliary status at any time after the submission of the employment application.

Signature

Date

FOR OFFICIAL USE ONLY

Residency Consideration Given on Employment List.

() Yes

() No

If applicant is a current City of New Britain resident, complete and return this form to the City of New Britain with the “Application of Employment”

ADDENDUM TO EMPLOYMENT APPLICATION: AFFIRMATIVE ACTION

APPLICANT DATA

SOCIAL SECURITY NUMBER:

- -

Voluntary:

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application, however, the information may be used in order to ensure compliance with the City's Affirmative Action Plan.

A. Gender: Female Male

B. Race/Ethnic Data

- A. American Indian
- B. Black/AfroAmerican
- C. White/Caucasian
- D. Hispanic
- E. Asian or Pacific Islander
- F. Other _____

C. PRIMARY SOURCE OF JOB INFORMATION: where did you learn about this examination or employment opportunity? Check the appropriate box(es) below:

- ____ A. Hartford Courant
- ____ B. New Britain Herald
- ____ C. Tiempo
- ____ D. Hartford News
- ____ E. Other newspaper: _____
- ____ F. City Website
- ____ G. Professional Journal: _____
- ____ H. Personnel Office
- ____ I. Community Agency: _____
- ____ J. Present City Employee
- ____ K. Radio/TV advertisement
- ____ L. Other: _____