

City of New Britain  
 Affirmative Action/Equal Employment Opportunity/Equal Access Employer  
**APPLICATION FOR EMPLOYMENT**  
 27 West Main Street, New Britain, CT 06051  
 (860) 826-3404  
 www.newbritainct.gov



(Print information in ink, or type)

Office Use Only

1. Job Applying For	
(use title on job announcement) <span style="float: right;">(exam no.)</span>	Q _____ V NQ _____ DV
2. Your Name	
(print) Last Name <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span>	Edu _____ Exp. _____ Rev. by: _____
3. Address	
(Number and Street, Road or Post Office Box)	
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>	Other _____ Score _____ Rank _____
4. Email Address	
5. Are you over age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Have you ever served in the U.S. Armed Forces during periods of conflict? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Telephone Number (     )     )	

8. Education

A. Did you graduate from high school?

Yes	No	Name of School	If "No", highest grade completed

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

Name of School	Location

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

Name of School	Location	Course or Major	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
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
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. Have you ever been employed by the City of New Britain?  Yes  No

If yes, please list department, position and dates employed:

13. 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

**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 Connecticut Driver License indicates a New Britain address:

\_\_\_\_\_  
Operator Number

\_\_\_\_\_  
Expires

( ) 3. I own/lease 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.

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:

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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**

**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  Non-Binary

B. **Race or Ethnic Group** (check all that apply):

A. American Native or Alaskan Native

B. Asian

C. Black/African American

D. Hispanic/Latino

E. Native Hawaiian or Other Pacific Islander

F. White/Caucasian

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. Indeed

\_\_\_\_\_ D. E-Mail Notification

\_\_\_\_\_ E. LinkedIn

\_\_\_\_\_ F. City Website

\_\_\_\_\_ G. Professional Journal: \_\_\_\_\_

\_\_\_\_\_ H. Human Resources Office

\_\_\_\_\_ I. Community Agency: \_\_\_\_\_

\_\_\_\_\_ J. Present City Employee

\_\_\_\_\_ K. Radio/TV advertisement

\_\_\_\_\_ L. Other: \_\_\_\_\_