

Town of East Haven

Application for Employment

Position: Crossing Guard

Instructions: Read each question carefully. Answer every question. If the question does not apply to you, write “does not apply”. If the space provided for answering any question is not sufficient, use a separate sheet of paper and attach it to the application.

While it is not mandatory, the Town requests that you complete the Compliance Information Sheet, as the Town is required to keep this information as an Equal Opportunity Employer.

Please attach a copy of your High School Diploma, Equivalency, or College Degree, Government DD214 (if applicable), as well as a copy of your State of Connecticut Driver’s License and Social Security Card(or Birth Certificate). **Do not attach original documents.**

Town employees will not make copies for you.

Return This Application by March 26, 2021 to:

**The Civil Service Office
East Haven Town Hall
250 Main Street
East Haven CT 06512**

**MINORITIES, FEMALES, HANDICAPPED, AND VETERANS ARE
ENCOURAGED TO APPLY. EAST HAVEN IS AN EQUAL OPPORTUNITY
EMPLOYER.**

Application for Employment with the Town of East Haven

Carefully read the following statement and sign where indicated.

I declare my answers to the questions on this application are true and hereby authorize the Town to inquire of and authorize any and all previous employers, public and government officials or agencies, law enforcement agencies or any other persons to release information regarding my experience, reputation, character, ability or qualifications for employment.

It is my understanding that the Town may make a thorough investigation of my entire work and personnel history and may verify all data given in my application and resume, related papers or oral interviews for employment and release from all liability all persons, companies or corporations supplying such information.

I understand and agree that any material or verbal misrepresentation or deliberate omission of a fact in my application will be sufficient cause for denial of employment or discharge.

I understand that an offer of employment may be conditioned upon the successful results of a health screen/physical examination as a condition of employment. Included in this process will be a drug test for illegal drugs. I understand that positive test results will be mailed to me at the address indicated on the front of this application. Positive test results may be cause not to hire. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Town.

I further understand that this is an application for employment and any other Town documents are not contracts of employment, and that if hired I may voluntarily leave employment with or without proper notice, with or without proper cause, and may be terminated at any time for any reason consistent with any existing labor agreement and/or Town policy in effect at the time and applicable to my position. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. No one has the authority to make statements to the contrary.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature of Applicant _____ **Date:** _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans' status, or the presence of a non-job-related medical condition or disabilities. We will make "reasonable accommodations" for disabilities when they will not impose "undue hardship".

PLEASE PRINT

Date: _____

Position applied for: _____

Name _____

Last

First

Middle

Maiden Name

Email Address: _____

Address _____

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Number

Street

City

State

Zip Code

Telephone() _____ **Social Security #** _____

Area Code

If employed and you are under the age of 18, can you furnish a work permit? _____

Have you filed an application with the Town before? _____ Yes _____ No

If yes, please state date _____

Have you ever been employed by the Town before? _____ Yes _____ No

If yes, please state date _____

Are you employed now? _____ Yes _____ No

May we contact your present Employer? _____ Yes _____ No

On what date would you be available to work? _____

Are you available to work _____ Full Time _____ Part-time _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Veteran of the Military Service _____ Yes _____ No

If yes, Branch _____

Honorable Discharge _____ Yes _____ No

DD214 Attached _____ Yes _____ No

EDUCATION

	Elementary	High	College/Univ.	Graduate/ Professional
<u>School Name</u>				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree

Describe Course of Study:

Describe specialized Training, Apprenticeship, skills and extra-curricular activities:

Honors

Received: _____

State any other additional information you feel may be helpful to us in considering your application: _____

Professional or Technical license held or Certifications:

License # _____ State License

in: _____

Date License

Expires: _____

EMPLOYMENT EXPERIENCE: Please make as many copies of this page as necessary

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer: _____ Dates Employed _____ Work Performed
Address: _____ From _____ To _____

Job Title: _____ Hourly Rate/Salary _____
Starting: _____
Final: _____

Supervisor: _____ Phone#: (____) _____

Reason for

Leaving: _____

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience:

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA
VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

_____Handicapped Individual _____Disabled Veteran
_____Vietnam Era Veteran

Signed_____

TOWN OF EAST HAVEN
PERSONNEL DEPARTMENT
250 MAIN STREET
EAST HAVEN, CT 06512

WAIVER FORM

Name:_____

Current Address:_____

Date of Birth:_____

Social Security Number:_____

Connecticut Drivers License #:_____

Expiration Date:_____

I hereby authorize the release of any arrest, conviction, fingerprint, employment, personnel, medical and psychiatric records to assist in determining my suitability for employment with the Town of East Haven. I agree that any such records requested may be released to the East Haven Personnel Department or the East Haven Police Department for the purposes of my employment application.

Signature of Applicant

Date

Print Name

REFERENCES

PLEASE LIST THREE REFERENCES

1. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____
2. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____
3. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____