

INSTRUCTIONS FOR COMPLETING APPLICATION

- 1. You are applying to participate in an examination for a Civil Service position. After the exam is given and graded, the top three highest scoring candidates will be interviewed for the position. Your name will remain on the Eligibility List for this position for 2 years.**
- 2. Please download and print the application and return it via U.S. Mail or hand-deliver to the Civil Service Commission, 250 Main Street, East Haven, CT 06512. DO NOT EMAIL OR FAX YOUR APPLICATION, IT WILL BE REJECTED.**
- 3. Job History, Page 5-Please print as many copies of page 5 as you need to complete your job history. You can attach a resume to the application. RESUMES SUBMITTED WITHOUT AN APPLICATION WILL BE REJECTED.**
- 4. After you have submitted your application it will be reviewed. If you meet the minimum qualifications you will be instructed where you can take the Civil Service Exam. If you do not meet the minimum qualifications you will be notified that you are not allowed to take the exam.**
- 5. Applications postmarked or hand-delivered after the deadline will be rejected.**

6. Additional credit may be awarded after successful completion of all phases of testing for the following:

- **Candidates who believe they are eligible for Veteran Credit must attach copy of DD214.**
- **Candidates with college credits may be eligible for the Education Credit and must request an Official Transcript from their college or university be sent to The Civil Service Office, 250 Main Street, East Haven CT 06512 and be received by 4/13/2020 to receive credit.**
- **Candidates may be eligible for Foreign Language Proficiency Credit by attaining a rating of “Intermediate-High” on a Foreign Language Competency Exam. Candidates who believe they are fluent in a foreign language must submit the “Foreign Language Proficiency Examination Credit Request” form available with the application to The Civil Service Office, 250 Main Street, East Haven CT and complete the test by 4/13/2020.**

The Town of East Haven

Application for Employment

Position: Secretary I

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 To:

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

Deadline: March 9, 2020

**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:**_____

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's 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

Address _____

—

Number

Street

City

State

Zip Code

Telephone () _____ **Social Security**

EMAIL ADDRESS: _____

*

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
School Name
Years
Completed 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4
(Circle)

—
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:_____

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Please make as many copies of this page as you need to complete your job history or attach a resume to the application.

EMPLOYMENT EXPERIENCE

*

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:_____

*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:

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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 _____

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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

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COMPLIANCE INFORMATION SHEET

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

Submission of information is voluntary. This data will be kept in a confidential file separate from the application for employment.

Position applied for:_____ **Date:**_____

Referral Source:New Haven Register Advertisement_____

UMOJA News_____

Inner City Newspaper Advertisement_____

WYBC Radio_____

Television Advertisement_____

NAACP_____

Job Bank_____

Church/Civic Group_____

Walk-in_____

Friend_____

Employment Agency_____

Relative_____

Town Website_____

Internet_____

Other_____

Name:_____ **Phone#:**_____

Address:_____

Check one:_____ **Male** _____ **Female**

Check one of the following Race/Ethnic Group: _____ **White** _____ **Hispanic**
_____ **Black** _____ **Native American/Alaskan Native** _____ **Asian/Pacific Islander**

Check if any one of the following are applicable:

_____ **Vietnam Era Veteran** _____ **Disabled Veteran** _____ **Handicapped**

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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 _____

FOREIGN LANGUAGE PROFICIENCY
EXAMINATION CREDIT REQUEST

I, by signing this form believe that I am fluent in the below listed languages and wish to qualify for extra credit by taking an exam that will measure my proficiency.

LANGUAGE #1: _____

LANGUAGE #2: _____

LANGUAGE #3: _____

LANGUAGE #4: _____

APPLICANT NAME: _____

ADDRESS: _____

SIGNATURE: _____

HOME PHONE #: _____ **CELL PHONE #:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

SUBSCRIBED AND SWORN TO ME ON _____ **DAY OF** _____ **201_**
THIS _____

NOTARY: _____