Name:_____ **Email:**_____

The Town of East Haven

Application for Employment

Position: Laborer

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 Office of the Mayor
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 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".

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PLEASE PRINT **Date:_____**

Position Applied for_____

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Name_____

Last First Middle Maiden Name

Address_____

Number Street City State Zip Code

Telephone(___)_____ Social Security #_____

EMAIL ADDRESS:_____

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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

Have you been convicted of violating the Law?_____Yes _____No

(Excluding minor traffic violations)

If yes, please explain_____

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 (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:_____

DO YOU HAVE A CDL Yes_____ No_____

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

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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.

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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

COMPLIANCE INFORMATION SHEET

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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

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_____