

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**The Town of East Haven**

**Application for Employment**

**Position: Substitute Custodian**

**Deadline: September 27, 2019**

**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.**

**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 9/27/19 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 by 9/27/19.**

**Return This Application 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 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** \_\_\_\_\_

\*\*\*\*\*

**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

Veteran of the Military Service \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Branch \_\_\_\_\_

Honorable Discharge \_\_\_\_\_ Yes \_\_\_\_\_ No

DD214 Attached \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION**

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	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: \_\_\_\_\_

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

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Professional or Technical license held or Certifications:  
License # \_\_\_\_\_ State License  
in: \_\_\_\_\_  
Date License Expires: \_\_\_\_\_

**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.

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

Job Title: \_\_\_\_\_

\*\*\*\*\*

Supervisor: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 \_\_\_\_\_

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**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 \_\_\_\_\_

**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 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 201\_

NOTARY: \_\_\_\_\_