

AN EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR EMPLOYMENT

TOWN OF NEWINGTON

OFFICE OF THE TOWN MANAGER

200 Garfield Street

Newington, Connecticut 06111

Please complete in printing, ink or typewriter.

REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE.

Date of Application	Position Applied For
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PERSONAL INFORMATION

Name (Last, First, Middle)	Address
Home Telephone Number	Email
Work Telephone Number May we contact you at work?	Are you legally authorized to work in the United States?
Mobile Telephone Number	If required for job applied for, do you possess valid driver's license?
Are you over the age of eighteen? If not, your hire will be subject to verification of minimum legal age.	Were you previously employed by the Town? If so, where and when?
If your application is considered favorably, on what date will you be available for work?	Do you claim preference based on active duty in U.S. Armed Forces? _____ If so, please attach D-214 to application.

State Law prohibits job discrimination on the basis of learning disability or physical disability unless they are bona fide occupational qualifications.

Do you require a reasonable accommodation to take an employment test for this position opening? _____

Pursuant to the Civil Rights Act of 1964, discrimination in employment based upon race, color, religion, sex or national origin is prohibited. Federal law prohibits other forms of discrimination including but not limited to age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. Most state and local laws prohibit some or all of these types of discrimination as well as other types including but not limited to discrimination based on ancestry, marital status, parental status, sexual orientation or source(s) of income. Restrictions with respect to credit data are imposed by the Fair Credit Reporting Act. This list is not intended to represent a complete list of prohibited forms of discrimination. The Town of Newington is an Equal Opportunity Employer.

EMPLOYMENT HISTORY

***RESUME MAY BE INCLUDED WITH APPLICATION; HOWEVER,
REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE IN THIS SECTION.**

Describe under the headings given your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed.

Name, Address and Telephone of Employer May we contact?	Start Date	End Date	Hours Per Week
	Reason(s) for leaving		Name of Immediate Supervisor
Job Title			
Description of Duties			

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Description of Duties			

**IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER,
ATTACH SUCH SHEET AT TOP OF PAGE.**

Unless otherwise noted, you hereby grant permission to contact the employers listed above concerning your work experience(s).

If you have used a different name(s) with past employers, please provide such names in order that your employment history and educational background may be adequately verified.

SPECIAL SKILLS OR ABILITIES (OPTIONAL)

RECORD OF EDUCATION

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SCHOOL	SCHOOL NAME AND ADDRESS	COURSE/MAJOR	DEGREE OR CERT. RECEIVED
ELEMENTARY			
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

If you have a high school equivalency certificate, give place certificate was granted:

Other training (special courses, work training programs, armed forces training). Give name and location training was given, certificate (if any), subject of training, number of hours weekly and other details related to the job for which you are applying:

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME and OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE READ AND SIGN

CERTIFICATION: I certify that all statements made 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 give approval for the Town to inquire into my employment references and credit report. If I do not wish to have specific references checked, I will give prior written notification of same. I understand that my employment is terminable at will by either party. I also understand that I must successfully pass any required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug screening test, if required.

Date

SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY – DO NOT WRITE ON THIS PAGE

INTERVIEWER	DATE	COMMENTS

TESTS ADMINSTERED	Date	Raw Score	Rating	COMMENTS

Reference Name	Reference Check Results

Date of Call	Time of Call	Call Notes

**TOWN OF NEWINGTON
AFFIRMATIVE ACTION QUESTIONNAIRE**

INSTRUCTIONS: Each applicant for employment with the TOWN OF NEWINGTON is asked to provide the following information for Affirmative Action reporting purposes.

1. ETHNIC/RACIAL STATUS

☐ White ☐ Spanish Surnamed ☐ Asian American
☐ Black ☐ American Indian ☐ Other

2. DISABLED

☐ Yes ☐ No

3. SEX

☐ Male ☐ Female

4. TYPE OF WORK DESIRED

- ☐ ADMINISTRATIVE (Managerial or Department Head, etc.)
☐ PROFESSIONAL (Asst. Dept. Head, Police Lieutenant, Recreation Supervisor, Librarian, Social Worker, Counselor, etc.)
☐ TECHNICAL (Engineering Aide, Police Sergeant, Court Liaison Officer, Teachers Aide, etc.)
☐ PROTECTIVE SERVICE (Police Officer, Canine Control, etc.)
☐ ADMINISTRATIVE SUPPORT (Clerical, Account Clerk, Dispatcher, Switchboard Operator, etc.)
☐ SKILLED CRAFT (Mason, Carpenter, Welder, Equipment Operator, Equipment Mechanic, etc.)
☐ SERVICE/MAINTENANCE (Maintainer, Custodian, Bus Driver, Groundskeeper, etc.)

If applying for a specific position, please indicate: _____

5. HOW DID YOU HEAR ABOUT THIS POSITION

☐ Hartford Courant	☐ Minority/Female Agency
☐ Hartford Inquirer	☐ Town Bulletin Board
☐ New Britain Herald	☐ A current employee
☐ Newington Town Crier	☐ National prof. journal
☐ Conn. Employment Service	☐ Private employment agency
☐ Radio/TV	☐ Other (specify) _____

I certify that the above information is true and correct.

NAME _____ Signature _____

ADDRESS _____ Date _____

TOWN _____ STATE _____