



**APPLICANT EDUCATION (Cont.)**

2) \_\_\_\_\_  
Name of College or University Attended City State

Dates of Attendance: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Type of Degree Completed: \_\_\_Associate \_\_\_Bachelor \_\_\_Master \_\_\_Doctorate

Major Course of Study: \_\_\_\_\_

3) \_\_\_\_\_  
Name of College or University Attended City State

Dates of Attendance: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Type of Degree Completed: \_\_\_Associate \_\_\_Bachelor \_\_\_Master \_\_\_Doctorate

Major Course of Study: \_\_\_\_\_

**Technical, Business, or Other Education:**

1) \_\_\_\_\_  
Name of School Attended City State

Dates of Attendance: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Type of Degree or Certificate Earned: \_\_\_\_\_

2) \_\_\_\_\_  
Name of School Attended City State

Dates of Attendance: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Type of Degree or Certificate Earned: \_\_\_\_\_

**REQUIRED LICENSES, CERTIFICATIONS, AND OTHER**

Do you have any valid license or certificates which authorize you to practice a profession or trade?

Check One: \_\_\_YES \_\_\_NO

If yes, please complete the following section:

1) Type of License: \_\_\_\_\_ License # \_\_\_\_\_

Issued by: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

2) Type of License: \_\_\_\_\_ License # \_\_\_\_\_

Issued by: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Do you currently have a valid Motor Vehicle Driver's License? Check One: \_\_\_YES \_\_\_NO

State: \_\_\_\_\_ License # \_\_\_\_\_

**REQUIRED LICENSES, CERTIFICATIONS, AND OTHER (Cont.)**

Do you currently have a valid Commercial Driver's License (CDL)? Check One: \_\_\_ YES \_\_\_ NO

State: \_\_\_\_\_ Class Type: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

Please list any and all technical, mechanical, vocational skills, and equipment you can operate.

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(Clerical Applicants Only) Do you use and have computer knowledge? Check One: \_\_\_ YES \_\_\_ NO  
If yes, please explain and list programs you are familiar with.

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(Clerical Applicants Only) Do you have any special office skills? Check One: \_\_\_ YES \_\_\_ NO  
If yes, please explain.

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What languages do you speak, read, write, or sign fluently?

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**EMPLOYMENT HISTORY**

Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the job posting. List all positions (job titles) separately, even if with the same employer.

1) \_\_\_\_\_  
Official Job Title Department Assigned To

\_\_\_\_\_  
Company Name Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Direct Supervisor Phone Number Email Address

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Number of Hours Worked per week: \_\_\_\_\_ Check One: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Per Diem

Number & Job Titles of Employees Supervised by you: \_\_\_\_\_

List all major duties and responsibilities performed by you in this job.

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

Reason for leaving: \_\_\_\_\_ Annual/Hourly Compensation: \_\_\_\_\_

2) \_\_\_\_\_  
Official Job Title Department Assigned To

\_\_\_\_\_  
Company Name Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Direct Supervisor Phone Number Email Address

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Number of Hours Worked per week: \_\_\_\_\_ Check One: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Per Diem

Number & Job Titles of Employees Supervised by you: \_\_\_\_\_

List all major duties and responsibilities performed by you in this job.

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

Reason for leaving: \_\_\_\_\_ Annual/Hourly Compensation: \_\_\_\_\_

3) \_\_\_\_\_  
Official Job Title Department Assigned To

\_\_\_\_\_  
Company Name Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Direct Supervisor Phone Number Email Address

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Number of Hours Worked per week: \_\_\_\_\_ Check One: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Per Diem

Number & Job Titles of Employees Supervised by you: \_\_\_\_\_

List all major duties and responsibilities performed by you in this job.

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

Reason for leaving: \_\_\_\_\_ Annual/Hourly Compensation: \_\_\_\_\_

4) \_\_\_\_\_  
Official Job Title Department Assigned To

\_\_\_\_\_  
Company Name Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Direct Supervisor Phone Number Email Address

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Number of Hours Worked per week: \_\_\_\_\_ Check One: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Per Diem

Number & Job Titles of Employees Supervised by you: \_\_\_\_\_

List all major duties and responsibilities performed by you in this job.

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

Reason for leaving: \_\_\_\_\_ Annual/Hourly Compensation: \_\_\_\_\_

5) \_\_\_\_\_  
Official Job Title Department Assigned To

\_\_\_\_\_  
Company Name Type of Business

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Direct Supervisor Phone Number Email Address

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ (MM/YYYY)

Number of Hours Worked per week: \_\_\_\_\_ Check One: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Per Diem

Number & Job Titles of Employees Supervised by you: \_\_\_\_\_

List all major duties and responsibilities performed by you in this job.

Reason for leaving: \_\_\_\_\_ Annual/Hourly Compensation: \_\_\_\_\_

**REFERENCES**

Former Supervisor: \_\_\_\_\_  
Name Phone Number Email Address

Address City State Zip Code

Reference #2 \_\_\_\_\_  
Name Phone Number Email Address

Address City State Zip Code

Reference #3 \_\_\_\_\_  
Name Phone Number Email Address

Address City State Zip Code

**ADDITIONAL INFORMATION**

Have you served in the Military? Check One:  YES  NO

If yes, please give dates of service and branch of military.

Are you a U.S. Citizen or legally eligible to work in the United States? Check One:  YES  NO

**VOLUNTARY INFORMATION**

In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

Gender:  Male  Female

Race/Ethnic Data:

**American Indian or Alaskan Native** (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

**Asian / Pacific Islander** ( Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)

\_\_\_ **Black / African-American: Not of Hispanic Origin** (Persons having origins in any of the black racial groups of Africa.)

\_\_\_ **Hispanic** (Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.)

\_\_\_ **White: Not of Hispanic Origin** (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Where did you learn about this job/position?

\_\_\_ Town of Rocky Hill website.

\_\_\_ Connecticut Conference of Municipalities website.

\_\_\_ Newspaper. (Please give the name of the publication: \_\_\_\_\_)

\_\_\_ Other. Internet Site (Please give the name of the website: \_\_\_\_\_)

\_\_\_ Current Employee (Please give name of Employee: \_\_\_\_\_)

\_\_\_ Other. (Please specify: \_\_\_\_\_)

**APPLICANT CERTIFICATION**

The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol Policy. Therefore, you may be required to undergo a urine drug/alcohol screening and/or be subjected to a breathalyzer prior to or during the course of your employment with the Town. The Town’s policy and testing follows state law. In addition, some positions are considered “safety-sensitive” and those positions are mandated by law, to undergo routine random testing.

Some employment positions require a background, financial, and/or criminal investigation. I hereby give the Town of Rocky Hill permission and full authority to investigate my background and authorize the release of any such information to the Town of Rocky Hill upon request.

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

Note: A typed name will substitute for a handwritten signature.