

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 # _____

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

Reason for leaving: _____

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: _____

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: _____

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: _____

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: _____

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.