



**TOWN OF ROCKY HILL**  
**Department of Human Resources**  
 761 Old Main Street, Rocky Hill, CT 06067  
 P: (860) 258-2700 F: (860) 258-7638  
[www.rockyhillct.gov](http://www.rockyhillct.gov)

(Rev. 11/16/16)

**APPLICATION FOR EMPLOYMENT  
 FOR INTERNAL APPLICANTS ONLY**  
 This application must be completed in full and signed.

**INSTRUCTIONS**

If you are currently an employee seeking a transfer or promotion, this application should be completed in full. Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions carefully. A separate application form must be submitted for each position you are applying for. Applications are only accepted for currently posted positions.

**GENERAL INFORMATION**

\_\_\_\_\_  
 Last Name First Name MI Suffix

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

\_\_\_\_\_  
 Phone Number Email Address

\_\_\_\_\_  
 Current Job Title Length of Time in Current Position

\_\_\_\_\_  
 Department Name Current Supervisor Department Head

\_\_\_\_\_  
 Union Name Salary Grade Current Salary

Position Applying For: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT EDUCATION**

Have you graduated from high school or received a high school equivalency diploma (GED)?

Check One: YES NO If yes, name of High School: \_\_\_\_\_

**College Education:**

1) \_\_\_\_\_  
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: \_\_\_\_\_

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)
- 3) 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 # \_\_\_\_\_

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

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

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: \_\_\_\_\_

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.

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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.

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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

**APPLICANT CERTIFICATION**

I understand that I am required to notify my current supervisor and department head of this request if it involves a transfer to another Town department PRIOR to submitting this application.

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.

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Applicant Signature

Applicant Printed Name

Date

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