

APPLICATION FOR EMPLOYMENT TOWN OF CHESHIRE

Name				_Tel. No. (H	(ome)
Last	First	N	/liddle		Vork)
Address					
Street		City	i	State	Zip
Position Desired			_Date A	Available	
	ne () Part-Tir	me ()			
<u>Instructions</u> : Fill out this application of	completely and accur-	otalu All ei	totomen	ste in this an	nlication are subject
to verification. Any appl If a question does not inadequate, please docur and indicate the question This application form ma	icant giving false info apply to you, write nent the additional in you are responding to	ormation will N/A (not a formation of the ormation will be or the order or the o	ll be sul applical on a sep n one a	bject to disque ble). If the parate sheet of nswer may b	alification. e space provided is of paper (8 ½ X 11) be put on a sheet.
PERSONAL INFORM. Are you a citizen or legal verification will be required.	lly eligible for employ	yment in the	USA?	YES ()	NO () [If Yes,
Are you of legal age to w	ork? YES ()	NO ()			
Are you now, or have you Department	1 0	•	n of Cl	neshire? YE	S () NO ()
Is any member of your in YES () NO ()	_		•		
EDUCATION: Have you graduated from YES () NO () Name & Address					
If no, circle the highest g	rade completed:	1 2 3	4 5	6 7 8 9	9 10 11 12
List education and traini school, colleges or univ schools and courses:	O \		_		
<u>Scho</u>	<u>ool</u>	Course	s or Ma of Stud	<u>ajor Field</u> d <u>y</u>	Received Degree
					Yes () No ()
					Yes () No ()
					Yes () No ()

EMPLOYMENT HISTORY: List all employment, beginning with most recent, continue on additional sheet if necessary (You may attach a resume in addition to this form.)

Most Recent:		
	ress:	
Supervisor's Name:		
Full- or Part-Time:		
Employment Dates:	From_	To
Position Title		
Specific Duties		
Employer Firm/Addı	ess:	
Supervisor's Name:_		
Full- or Part-Time:		
Employment Dates:	From	To
Reason for Leaving_		
Position Title		
Specific Duties		
Employer Firm/Addı	ess:	
Supervisor's Name:		
Full- or Part-Time:		
Employment Dates:	From	To
Position Title		
Specific Duties		
Other Licenses or ski	ills for position:	
	1	
Typing Speed (if app	olicable)	Dictation Speed (if applicable)
		(if applicable)
	, ,	
Heavy Equipment w	hich you can operate	e (if applicable)
J 1 1	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Driver's License (if a	applicable) STATE	NUMBER
	TYPE	
Please list any licens	ses, certificates, skills	s or equipment you can operate which would be helpful
for the position for w		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omission or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I hereby authorize and voluntarily release the Town of Cheshire to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and ability to perform in the position I am applying for, including but not limited to: review of my educational and employment references and background, a criminal conviction history check, a consumer report or investigative consumer report (which will comply with the Fair Credit Reporting Act). I release from any liability any and all former employers or educators, or personal or other references who supply the Town of Cheshire with information about my background, education or employment history. I also authorize the release of copies of any such aforementioned records to the Town of Cheshire.

All employees of the Town of Cheshire have the right to resign from their jobs at any time, for any reason, or for no reason at all, with or without advance notice. The Town of Cheshire retains the same right with respect to termination of any employee's employment. No manager, supervisor or other individual of the Town of Cheshire has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Town of Cheshire should be interpreted to make such a guarantee. Nothing stated by the Town of Cheshire, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the applicant and the Town of Cheshire.

I have read, understan	d and agree to the foregoing.
	Signature of Applicant
Date:	Social Security No. (optional)

TOWN OF CHESHIRE NOTICE TO APPLICANTS AND EMPLOYEES

EEO

The Town of Cheshire is an Equal Opportunity Employer. State and Federal law prohibit discrimination on the basis of race, color, religious creed, age, sex, sexual preference, marital status, national origin, ancestry, present or past history of mental or physical disability, except in cases of a bona fide occupational qualification.

PHYSICAL EXAMINATION AND DRUG TEST

I understand that, upon receiving a conditional offer of hire from the Town of Cheshire, I may be required to pass a physical examination prior to actual employment to verify ability to meet the job requirements.

The Town of Cheshire is a drug free work place. The Town of Cheshire requires successful completion of a urinalysis drug test as part of its post-offer screening process. Drug tests are conducted for the Town by an outside professional laboratory.

DISABILITY ACCOMMODATIONS

Under the Americans with Disabilities Act, the Town of Cheshire is required to provide reasonable accommodations to qualified disabled applicants and employees for the employment process.

Reasonable accommodations will be provided upon request to qualified disabled persons if such accommodations are necessary for applicants to compete equitably in the employment process, or for an employee to perform the essential functions of his or her job.

Requests for such accommodations should be made in a timely fashion to the Town Manager's Office so that the Town of Cheshire can make any necessary arrangements.

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the hiring process, the Town of Cheshire will conduct a background check. If you are hired, the Town of Cheshire may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Town of Cheshire of Cheshire may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. A consumer report includes information regarding such issues as your credit standing, character and general reputation.

If the Town of Cheshire obtains a "consumer report" about you and if the Town of Cheshire considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports.

Because we are required to notify app	plicants of our policies, we ask that you sign and dat	e this notice.
YOUR APPLICATION WILL BE CO	ONSIDERED INCOMPLETE IF THIS NOTICE IS N	OT SIGNED
AND DATED.		
Date	Signature	

TOWN OF CHESHIRE
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE
You are requested to complete this form so the Town of Cheshire may maintain applicant statistics for Equal Employment Opportunity (EEO) Reports. This form will not be filed with your application, and will not be considered in the employment process. You are not required to complete this form for your application to be considered. This form is used to meet the Town's EEO reporting requirements.

1.	Your name (optional):_				Date:	
2.	Job applied for:					
3.	Sex: Male Female 4. Are you disabled? Yes No 5. D.O.B. (for identification purposes only—optional)					
6.	. Describe yourself in terms of the following groups:					
	White	Black	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	
7.	How did you hear abo	out this job?	Cheshire Herald	Meriden Record	Waterbury Republican	
Ne	w Haven Register	_ Other (plea	se specify):			