

Town of West Hartford

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

In compliance with the Freedom of Information Act, this application and information contained herein may be considered a matter of public record.

The Town of West Hartford does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, age, physical disability or covered veteran status. No question on this application is intended to secure information to be used for such discrimination.

Please return this application to the Town of West Hartford, Department of Employee Services, 50 South Main Street, West Hartford, CT 06107. If you have any questions, call (860) 561-7480.

An Equal Opportunity Employer M/F Town of West Hartford

Please answer every question on this application. Type or complete in ink. Date: _____

I. POSITION APPLYING FOR: POLICE OFFICER

II. DATE OF BIRTH (*must provide*) _____

III. PERSONAL INFORMATION

Name: _____ <small>FIRST MIDDLE INITIAL LAST</small>	Social Security No.: _____
Address: _____ <small>NUMBER STREET</small>	Home Telephone Number: _____
_____ <small>CITY STATE ZIP</small>	Business Telephone Number: _____
	Cell Phone Number: _____
	Email: _____
	Driver's License # _____ State: _____

IV. EDUCATION

NAME	ADDRESS CITY STATE	MAJOR COURSE OR SUBJECT	CIRCLE LAST YEAR COMPLETED	LIST DEGREE RECEIVED
G.E.D. EQUIVALENCY				
HIGH SCHOOL OR PREPARATORY			1 2 3 4	
COLLEGE			1 2 3 4	
GRADUATE WORK			1 2 3 4	

V. EDUCATIONAL REQUIREMENT

- Associates Degree **OR** equivalency (60 credit hours) at an accredited college/university ____ YES ____ NO
- **OR** four years active military experience ____ YES ____ NO
- **OR** certified police officer ____ YES ____ NO

VI. EMPLOYMENT RECORD

In the space provided below, give your employment history beginning with your most recent employer and work back listing ALL previous employers. Include any applicable military and voluntary positions. Use additional sheets of plain paper if you need more space.

May we contact your present employer: Yes____ No____

1) Name & Address of Employer: _____

Starting Date: Month____ Year____ Ending Date: Month____ Year____

Salary: Beginning:_____ Present:_____ Hours per Week:_____

Name and Title of your Supervisor:_____

Reason for leaving:_____

Your present or last job title:_____

Your duties:_____

2) Name & Address of Employer: _____

Starting Date: Month____ Year____ Ending Date: Month____ Year____

Salary: Beginning:_____ Present:_____ Hours per Week:_____

Name and Title of your Supervisor:_____

Reason for leaving:_____

Your present or last job title:_____

Your duties:_____

3) Name & Address of Employer: _____
Starting Date: Month____ Year____ Ending Date: Month____ Year____
Salary: Beginning:_____ Present:_____ Hours per Week:_____

Name and Title of your Supervisor: _____
Reason for leaving: _____
Your present or last job title: _____
Your duties: _____

4) Name & Address of Employer: _____
Starting Date: Month____ Year____ Ending Date: Month____ Year____
Salary: Beginning:_____ Present:_____ Hours per Week:_____

Name and Title of your Supervisor: _____
Reason for leaving: _____
Your present or last job title: _____
Your duties: _____

CERTIFICATION: I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered. I also give consent for you to check with previous employers and personal references and release the Town, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I hereby acknowledge that I have read the above statements and understand them.

SIGNATURE: _____ DATE: _____

Town of West Hartford

AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: The completion of this form is voluntary. However, the information is needed for compliance with governmental selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. Position Applied For: _____

2. AGE (Please check **one**)

- _____ 16 or less _____ 41 to 65
_____ 17 to 25 _____ 66 to older
_____ 26 to 40

3. Sex:

- _____ Male
_____ Female

4. Ethnic Racial Status (Please check **one only**)

- _____ White _____ Hispanic _____ American Indian/Alaskan Native
_____ Black/African American _____ Asian _____ Native Hawaiian/Pacific Islander
_____ Two or more races
_____ Disabled Veteran _____ Vietnam Era Veteran _____ Other Veteran

5. HOW DID YOU HEAR ABOUT THIS JOB?

- a) _____ Hartford Courant i) _____ Minority Agency _____
b.) _____ Hartford Inquirer j) _____ Female Agency
c) _____ New Britain Herald k) _____ Radio/Television
d) _____ West Hartford News l) _____ A current employee
e) _____ CT Employment Service m) _____ Professional Journal _____
f) _____ Professional Organization n) _____ Private Employment Agency
g) _____ New England Minority News o) _____ Internet
h) _____ West Hartford Web Site p) _____ Other _____

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I certify that the above information is true and correct.

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

SIGNATURE _____

AFFIRMATIVE ACTION

The Town of West Hartford, in compliance with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1973, takes affirmative action to employ and advance in employment qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job with or without accommodation? Yes No

If you are disabled, are there any accommodations needed to participate in the application process or accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations? Yes No If "Yes," please explain:
