

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer



TOWN OF LITCHFIELD

Office of the First Selectman
P.O. Box 488, 74 West Street,
Litchfield, CT 06759-0488
860-567-7550
Fax: 860-567-755274

The Town of Litchfield (the "Town") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or expression, or any other legally protected status.

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE) <i>Please print</i>			
STREET ADDRESS	CITY/TOWN	STATE/ZIP	HOW LONG?
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (WORK/CONTACT)	
CELL PHONE NUMBER		EMAIL ADDRESS	

Date of Application: _____ (Circle one)

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

If your authorization to work in the United States is subject to expiration, when will it expire? _____

If employment is offered, can you produce documentation required by law to establish work authorization and identity? Yes No

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? Yes No

GENERAL INFORMATION

Position(s) applied for _____

Are you available to work (check one): Full-time Part-time Seasonal Summer Youth

On what date would you be available to start work? _____

Are you related by blood or marriage to any employee or elected official of the Town of Litchfield? Yes No

If yes, please name: _____

Have you ever applied to, or worked for the Town of Litchfield before? Yes No

If yes, under what name, dates of employment and department? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you work overtime? Yes No

Can you travel if your job required it? Yes No

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes No

If yes, please explain. _____

EMPLOYMENT HISTORY

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment, job-related military service assignments and job-related volunteer activities. (Circle one)

IMPORTANT: May we contact your present employer?

Yes No

Name of Employer		Job Title	
Address	City	State	Zip Code
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Dates of Employment: From _____ To _____ Month Year To _____ To _____ Month Year Salary: Starting \$ _____ per _____ Ending \$ _____ per _____ # Hrs. Worked Weekly _____ </div>		Name and Title of Supervisor _____ Telephone Number _____ <hr/> Description of duties, responsibilities, and significant accomplishments: <hr/> <hr/> <hr/> Reason left employment: _____	

Name of Employer		Job Title	
Address	City	State	Zip Code
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EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High		6 7 8	
High School		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business			

High School Equivalency Diploma (GED)? Date: _____ Number: _____

Course of Study in Post-Secondary Education: _____

Describe any specialized training, apprenticeship, computer skills, extra-curricular activities, academic scholarships/awards related to the job for which you are applying:

Describe any other training or professional licenses, special courses, work training programs, or armed forces training related to the job for which you are applying. Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other relevant details.

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1.	Name	Address	Phone	Relationship
2.	Name	Address	Phone	Relationship
3.	Name	Address	Phone	Relationship

State any additional information you feel may be helpful to us in considering your application:

IN CASE OF EMERGENCY PLEASE NOTIFY:

<u>NAME</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

PRE-EMPLOYMENT CHECKS AND TESTING

Equal Opportunity Employer

TOWN OF LITCHFIELD

HUMAN RESOURCES DEPARTMENT

**74 WEST STREET
LITCHFIELD, CT 06759**

**AT-WILL EMPLOYMENT DISCLAIMER AND
APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Litchfield.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. **Further, in consideration of my employment, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that, subject to any applicable collective bargaining agreement, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.** It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless the First Selectman specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Town has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Town should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I will be subject to a drug test and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Applicant's Signature: _____ **Date:** _____

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LITCHFIELD, CT 06759

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with the Town of Litchfield. I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Town.

I authorize all previous employers, references or other person having knowledge of my record or myself to release such information to the Town, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Printed Name: _____

Print Former Name(s): _____

Date: _____

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HUMAN RESOURCES DEPARTMENT

74 WEST STREET

LITCHFIELD, CT 06759

NOTICE TO APPLICANTS REGARDING

PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Town of Litchfield (the "Town") shall submit to a urinalysis drug test as a mandatory part of the employment application process. This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedures required by applicable state and federal regulations. Additionally, the Town of Litchfield requires successful completion of a urinalysis drug test if it has reasonable suspicion that an employee is under the influence of drugs or alcohol which adversely affects or could adversely affect the employee's job performance. The Town of Litchfield also requires employees in occupations that have been designated a safety-sensitive by the State of Connecticut to undergo random urinalysis drug testing.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Town, you will comply in full with the Town's drug testing policy.

Applicant signature

Date

