



TOWN OF AVON



EMPLOYMENT APPLICATION
60 West Main Street, Building 5, Avon, CT 06001
860-409-4301
hr@avonct.gov

This application constitutes a part of the examination process. The Town cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if a resume or other supporting documents are attached. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Your statements may be brief, but do not omit important information that may have relevance to the position.

POSITION APPLYING FOR: _____ **Date:** _____

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(Town/City)

(State)

(Zip)

Primary Phone: _____ **Secondary Phone:** _____

Email Address (REQUIRED): _____

Are you either a U.S. Citizen or otherwise legally eligible to work in the United States? Yes _____ No _____

Are you 18 Years or older? Yes _____ No _____

Have you ever filed an Application with the Town before? If yes, provide date: _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes _____ No _____

Answer the following questions only if the position you are applying for requires a Driver's License:

Do you have a valid Driver's License? Yes _____ No _____ State _____ Operator's No. _____

Do you have a Commercial Driver's License? Yes _____ No _____ Operator's No. _____

Type of Employment Desired: (circle all that are applicable) FULL TIME PART TIME SEASONAL TEMPORARY

EDUCATION:

Name of School Attended	Address	Did you Graduate?	Degree Awarded
<u>High School/GED</u>			
<u>College</u>			
<u>Other</u>			

THE TOWN OF AVON IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON DISCRIMINATION IN EMPLOYMENT ON ANY BASIS PROHIBITED BY LAW.

EMPLOYMENT HISTORY:

In the space provided below, give your employment history beginning with your most recent employer. You must include both the month and year of employment history. List all positions held. Include any applicable military and voluntary positions. If required, attach additional information.

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May we contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ To _____ Reason for Leaving: _____
MO/YR MO/YR

Duties & Responsibilities: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May we contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ To _____ Reason for Leaving: _____
MO/YR MO/YR

Duties & Responsibilities: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May we contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ To _____ Reason for Leaving: _____
MO/YR MO/YR

Duties & Responsibilities: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____ May we contact? _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ To _____ Reason for Leaving: _____

Duties & Responsibilities: _____

REFERENCES:

Give the names of at least three persons, other than relatives, who are familiar with your character, job qualifications and work performance to provide information about you. Please provide complete address and phone number of reference.

Name	Address/Email	Phone	Relationship

SPECIALIZED TRAINING OR SKILLS:

List any specific qualifications or experience which you feel may qualify you for the position for which you are applying (include licenses, certifications, areas of research, professional memberships, seminars and special awards). You may exclude membership which would reveal a protected status.

Complete if applicable, I have the following skills:

___ Personal Computer ___ *Microsoft Word* ___ *Microsoft Excel* ___ *Adobe* ___ *Outlook*

Other computer software used: _____

ADDITIONAL INFORMATION:

Occasionally, an application form makes it difficult for an individual to adequately summarize his/her complete background. To help us better evaluate your qualifications for a Town position, use the space below to provide any additional information to describe your full qualifications.

Have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain: _____

CERTIFICATION: Please read the following and sign where indicated.

1. I certify that there are no misrepresentations, omission or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced.
2. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.
3. I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records.
4. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
5. The acceptance of this application does not constitute an employment agreement. In the event I am employed by the Town, I agree to comply with all of its orders, rules and regulations.
6. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.
7. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicant will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDL's will become participants in the Town's Drug and Alcohol Testing Program.
8. Unless subject to a collective bargaining agreement or other contract of employment, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature

Date

How did you hear about this position?

_____ Town of Avon Website _____ Referred by Town Employee
_____ Connecticut Employment Service
_____ Community or Professional Organization/Agency (please specify) _____
_____ Other internet advertisement (please specify) _____
_____ Other (please specify) _____

Town of Avon, Connecticut

Voluntary Affirmative Action Questionnaire

Instructions: Each applicant for employment with the Town of Avon is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1. Position Applied For: _____

2. Sex: Female Male

3. Race/Ethnicity: Check all that apply.

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Hispanic or Latino _____

Native Hawaiian or Other Pacific Islander_____

White _____

I certify that the above information is correct. Please print legibly.

Name: _____ Date: _____

Signature: _____