

# **TOWN OF AVON**

# APPLICATION FOR EMPLOYMENT AVON POLICE DEPARTMENT

### 60 WEST MAIN STREET AVON, CT 06001

PHONE (860) 409-4303 FAX (860) 409-4366 www.avonct.gov



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, or all other legally protected status.

#### THE TOWN IS AN EQUAL OPPORTUNITY EMPLOYER.

(Please Type or Print)

Position Applied For*:	Date	of Application		
Last Name	First Name		Middle Name	
Address	City	State	Zip Code	
Telephone Number(s)	E-Ma	il Address		
Only apply for one position per application	1.			
	ecupation for which you have a a job or occupation is either	you are applying.  accommodation, the applied? A description	ne on	
Have you ever filed an application	n with the Town before? If yes	, give date:	Yes	No
Are you currently employed?			Yes	No
Are you legally authorized to wor	k in this country?		Yes	No
Are you currently on "lay-off" sta	atus and subject to recall?		Yes	No
On what date would you be availa	able for work?			

### **EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
<b>Undergraduate College</b>				
Other (Specify)				

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Other (Specify)				
<u>'</u>				
ADDITIONAL INFORMATION				
List professional, trade, business or civic activities and offices he reveal gender, race, religion, national origin, age, ancestry, disab				which would
State any supplemental information you feel may be helpful to	us in cons	sidering your	application.	
Other Qualifications				
Summarize special job-related skills and qualifications acquired	from emplo	oyment or oth	er experience	
Computer Skills:				
Word Excel Access Outlo	ok	Other:		

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities and other protected status.

	May the Town contact your present employer?YesNo
Employer	Reason for Leaving
Address  Dates Employed	Phone Number
Job Title	Inh Supervisor
Work Performed	Job Supervisor
Employer	Reason for Leaving
Address	
Dates Employed	Phone Number
Job Title	Job Supervisor
Work Performed	
Employer	Reason for Leaving
Address	
Dates Employed	Phone Number
Job Title	Job Supervisor
Work Performed	
Employer	Reason for Leaving
Address	
Dates Employed	Phone Number
Job Title	Ioh Supervisor
Work Performed	
If you need additio	nal space, please continue on a separate sheet.
Have you ever be	en discharged or forced to resign from a prior job? If yes, please explain:
11410 304 0101 00	an electronical of forest to feed in feed for the feed of forest explain.

REFERENCES		
1.	Name	Phone # / Email Address:
	Address	
2.	Name	Phone # / Email Address:
	Address	<u></u>
3.	Name	Phone # / Email Address:
	Address	
AP.	PLICANT'S STATEMENT	
		ete to the best of my knowledge. I authorize investigation of all ent as may be necessary in arriving at an employment decision.
wis		active for a period of time not to exceed 45 days. Any applicant time period should inquire as to whether or not applications are
ack of a Em not	nowledge that, unless otherwise defined by applic an "at will" nature, which means that the Emplo ployee at any time with or without cause. It is fur	at or other contract of employment, I hereby understand and table law, any employment relationship with this organization is eyee may resign at any time and the Employer may discharge ther understood that this "at will" employment relationship may ct unless such change is specifically acknowledged in writing by

Notice of Original Signature: If you plan to fax or e-mail your completed application to the Director of Human Resources, you <u>must</u> also send this page by mail so that the Town will have an original signature on file.

**Date** 

**Signature of Applicant** 

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Revised: May 2018



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This organization is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a con	nfidential file separate from the Application for Employment.		
POSITION APPLIED FOR:			
I wish to furnish this information	(Please Print Name)(Please Print Name)		
I do not wish to furnish this information			
Please check appropriate line:Male	Female		
ETHNIC CATEGORY (Check only one)			
Hispanic or Latino	Native Hawaiian or Other Pacific Islander		
White	American Indian or Alaska Native		
Black or African American	Two or more races		
Asian			
How did you hear about this job? Please check one	· <u>·</u>		
Hartford Courant / Yankee Flyer			
Town of Avon Website			
Professional Website			
Other Newspaper – please specify:			
Community Agency – please list name:			
Connecticut Employment Service:			
Connecticut Employment Service.			

**Revised: August 2015**