TOWN OF GUILFORD

Human Resources
31 Park Street
Guilford, Connecticut 06437
Tel: (203) 453-8075
Fax: (203) 453-8218
www.ci.guilford.ct.us

Employment Application

Date:

Position Applied For:

You must complete all sections of this form

APPLICANT INFORMATION			
Last Name	First		M.I.
Street Address			Apartment/Unit #
City	State		Zip Code
Daytime Phone	E-mail Address		
Driver's License # (if job related)			State
Are you authorized to work in the U.S.?	YES ☐	NO ☐	
Have you ever previously worked for the Town of Guilford?	YES ☐	NO ☐	If so, when? What position?
Are you a Veteran?	YES ☐	NO ☐	Duty/Specialized Training:
EDUCATION			
High School		City	State
Did you graduate?	YES ☐	NO ☐	
College		City	State
Did you graduate?	YES ☐	NO ☐	Degree
Other		City	State
Did you graduate?	YES ☐	NO ☐	Degree
SKILLS AND QUALIFICATIONS			
Please list any special skills, degrees, certificates, qualifications, accomplishments, and awards that may qualify you for the position you are applying for.			
REFERRAL SOURCE			
How did you hear about this position?			

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PREVIOUS EMPLOYMENT					
Please list your present or most recent job first.					
Employer			Phone		
Address			City	State	
Job Title		Part-time ☐ Full-time ☐	Starting Salary $	Ending Salary $	
Responsibilities					
From	To	Reason for Leaving			
Supervisor		May we contact your previous supervisor for a reference?		YES ☐	NO ☐
Employer			Phone		
Address			City	State	
Job Title		Part-time ☐ Full-time ☐	Starting Salary $	Ending Salary $	
Responsibilities					
From	To	Reason for Leaving			
Supervisor		May we contact your previous supervisor for a reference?		YES ☐	NO ☐
Employer			Phone		
Address			City	State	
Job Title		Part-time ☐ Full-time ☐	Starting Salary $	Ending Salary $	
Responsibilities					
From	To	Reason for Leaving			
Supervisor		May we contact your previous supervisor for a reference?		YES ☐	NO ☐

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REFERENCES			
Please list three references not related to you and not listed on the previous page.			
Full Name	Title		
Employer	Phone		
Address	City	State	Zip Code
Full Name	Title		
Employer	Phone		
Address	City	State	Zip Code
Full Name	Title		
Employer	Phone		
Address	City	State	Zip Code

CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY AND SIGN BELOW

1. I understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application.
2. I give the Town of Guilford the right to investigate all references cited on this application to secure additional information about me, if job related. I hereby release from liability the Town of Guilford and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
3. This application is current for six (6) months. At the conclusion of this time, if I have not heard from the Town of Guilford and still wish to be considered for employment, I understand that it will be necessary to fill out a new application.
4. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town is of an "at will" nature, which means that the Employee may resign at any time and the Town of Guilford 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 the First Selectman of the Town of Guilford.
5. I understand that the hiring process may include a post–offer physical examination (Human Performance Evaluation) that may include drug screening as well as a criminal background check.
6. In the event of employment, I understand that false or misleading information given in my application, resume, and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Town of Guilford.

DISCLAIMER AND SIGNATURE

As an applicant seeking employment with the Town of Guilford. I certify that my answers are true and complete to the best of my knowledge and I have read the above Conditions of Employment and understand them.

Signature	Date

The Town of Guilford is an Equal Opportunity Employer. The Town of Guilford does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

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Voluntary Affirmative Action Information

Date: ***Position Applied For:***

The Town of Guilford considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status. As required, we comply with government regulations including the Affirmative Action requirements of Section 503 of the Rehabilitation Act or other federal laws or regulations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey, which will be filed separately from your application.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

SECTION I: APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP

SECTION II: REFERRAL SOURCE (Please check one)

☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency ☐ Walk-in ☐ Private Employment Agency

☐ Other ☐ Name of Source (if applicable)_____

SECTION III: APPLICANT AFFIRMATIVE ACTION DATA

Gender: Check one box ☐ Male ☐ Female

Race/National Origin: Check the box below that corresponds to the category that best identifies you race/ethnicity.

☐ White – (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
☐ Black – (not of Hispanic origin) – All persons having origin in any of the Black Racial groups of Africa
☐ Hispanic– All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
☐ American Indian/Alaskan native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
☐ Asian/Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.
☐ Other_____
(Please Specify)

SECTION IV: DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam and qualified handicapped individuals.

You are invited to volunteer this information. If you qualify, to assist in the proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:
☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Individual with Disability