



CITY OF TORRINGTON APPLICATION FOR EMPLOYMENT

Return to:

City of Torrington
Personnel Department
140 Main Street
Torrington, CT 06790

THE CITY OF TORRINGTON IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, AGE, DISABILITY OR OTHER LEGALLY-PROTECTED STATUS.

INSTRUCTIONS FOR COMPLETING APPLICATION

This application constitutes a part of the examination process. *It must be completed in full even if resumes or other supporting materials are attached.* Please answer all questions fully and accurately. Applications may be rejected or receive less consideration because answers are incomplete, vague or elusive. Your statements may be brief but do not omit important information which may have relevance to the position.

POSITION APPLYING FOR: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town/City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

****Note: Please be sure to provide a valid email address. This is our preferred way to send communications to applicants.**

Are you either a U.S. Citizen or an alien authorized to work in the United States? YES _____ NO _____
(Must provide documentation if hired)

Are you 18 years of age or older? YES _____ NO _____

Have you ever filed an application with us before? YES _____ NO _____ If YES, when? _____

EDUCATION

LEVEL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School			1 2 3 4		
College			1 2 3 4		
Other			1 2 3 4		

SPECIALIZED TRAINING OR SKILLS

List any special qualifications or certifications/licenses which you feel may especially qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships):

Please list all computer software and other office equipment that you use:

Use the space below to provide additional information necessary to describe your full qualifications:

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? YES_____ NO_____ If YES, what branch?_____

Dates of Duty: From _____ to _____ Rank at Discharge: _____
(Month/ Day/ Year) (Month/ Day/ Year)

List duties in the service, including special training:

REFERENCES

List below 3 individuals (not relatives) who know your character, ability, and experience:

NAME	ADDRESS	PHONE #	RELATIONSHIP	YEARS ACQUAINTED

EMPLOYMENT HISTORY

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

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

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Address: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Month Year

Month Year

Starting

Final

Duties & Responsibilities: _____

Reason for Leaving:_____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Month Year

Month Year

Starting

Final

Duties & Responsibilities:_____

Reason for Leaving:_____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

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

Employed From: _____ / _____ To _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Month Year

Month Year

Starting

Final

Duties & Responsibilities: _____

Reason for Leaving:_____

Have you ever been fired or asked to resign from a job? YES _____ NO _____ If YES, please explain:

May we contact your present employer? YES _____ NO _____

CRIMINAL HISTORY REQUEST

Have you ever been convicted of a crime or do you have pending criminal charges against you? **(Before answering, please read the bulleted section below.)** YES _____ NO _____

If YES, please provide explanation:

-
-
-
-
- This information will be available only to the Personnel Department and to those individuals who are involved in interviewing the candidate.
 - You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which you have been found not guilty or a conviction for which you received an absolute pardon.
 - If your only criminal record consists of items that have been erased under the statutes listed above, then you do not have to disclose those erased convictions.
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CERTIFICATION: By signing below I certify that the information I have provided on this application is correct, complete and truthful. I realize that falsification of any of this information 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 the personal references and release the City, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history.

Drug Testing: I understand that the City of Torrington requires all job applicants who are given a conditional job offer to successfully pass a urinalysis drug test.

Criminal Records Check: I understand that the City of Torrington requires all job applicants who are given a conditional job offer to successfully pass a criminal records check.

I further understand the acceptance of this form does not constitute an employment agreement and that only the Personnel Director of the City of Torrington is authorized to extend an offer of employment that shall be rendered in writing.

SIGNATURE: _____

DATE: _____

**CITY OF TORRINGTON, CONNECTICUT
VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE**

As an Affirmative Action Employer the City of Torrington has a responsibility to comply with Federal and State-mandated regulations. We ask your cooperation in completing the following questionnaire to help us meet government record keeping and reporting requirements. Data will be kept in an affirmative action file separate from your application for employment. **YOUR COOPERATION IN COMPLETING THIS PORTION OF THE EMPLOYMENT APPLICATION IS VOLUNTARY.** Your decision not to include data will not affect any employment decisions.

Position Applied For: _____

Sex: Male _____ Female _____

Race/Ethnic Group:

White _____

Black _____

Hispanic _____

American Indian/Alaskan Native _____

Asian/Pacific Islander _____

Other _____ (Please specify) _____

How did you hear about this job opening?

Register Citizen _____

Current employee _____
(Name: _____)

Hartford Courant _____

Professional publication _____
(Please specify: _____)

Waterbury Republican _____

Professional organization _____
(Please specify: _____)

CT Employment Service _____

City Hall Posting _____

Internet _____
(Please specify: _____)

Walk In _____

NAME: _____

DATE: _____