



# CITY OF TORRINGTON APPLICATION FOR EMPLOYMENT

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		

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**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):

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

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

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**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:

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**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 \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

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 \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

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Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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May we contact your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_

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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:** \_\_\_\_\_