

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: | | | = |
| **Note: Please be sure to provide a valid email addr | ress. This is our preferred way to sen | d communications to applicants. | |
| Are you either a U.S. Citizen or an alien authorized to (Must provide documentation if hired.) | o work in the United States? YE | ES NO | |
| 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

| ED C CHIIOT | | | | | |
|-------------|---------------------------|-----------------|-----------|-----------|---------|
| LEVEL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | CIRCLE | DID | DEGREE |
| | | | LAST | YOU | OR |
| | | | YEAR | GRADUATE? | DIPLOMA |
| | | | COMPLETED | | |
| High | | | 1 2 3 4 | | |
| School | | | | | |
| | | | | | |
| College | | | 1 2 3 4 | | |
| | | | | | |
| 0.1 | | | 1 2 2 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? Rank at Discharge: Dates of Duty: From _____ to ____ (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: **ADDRESS** PHONE# RELATIONSHIP YEARS **NAME 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:____ Address: Name & Title of Supervisor:_____ Your Job Title: Employed: Full Time_____ Part Time_____ ear Month Employed From: Month 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 Duties & Responsibilities: Reason for Leaving: Name of Employer: Phone: Address: Name & Title of Supervisor: Employed: Full Time Part Time Your Job Title: Employed From:____ To Month Month Duties & Responsibilities: Reason for Leaving:

| Name of Employer: | Phone: |
|---|-------------------------------|
| | |
| Address: | |
| Name & Title of Supervisor: | |
| Your Job Title: | |
| Employed From: / To / Month Year Month Year | r |
| 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: | |
| Dates & Responsionates. | |
| 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 | r |
| Duties & Responsibilities: | |
| Reason for Leaving: | |

| Have you ever been fired or asked to resign from a job? YES NOIf YES, please explain: | | | |
|---|-----|--|--|
| May we contact your present employer? YES NO | | | |
| 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 a personal references from any liability arising from disclosure of information concerning my past employment or personal history. | ınd | | |
| 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 | Position Applied For: | | |
|---------------------|----------------------------|---|--|
| Sex: Male | Female | | |
| Race/Ethnic Gro | oup: | | |
| White _ | Black | Hispanic | |
| America | an Indian/Alaskan Native | Asian/Pacific Islander | |
| Other | (Please specify) | | |
| How did you he | ar about this job opening? | | |
| Register | r Citizen | Current employee(Name: | |
| Hartford | d Courant | Professional publication (Please specify: | |
| Waterbu | ury Republican | Professional organization(Please specify: | |
| CT Emp | ployment Service | City Hall Posting | |
| Internet (Please | specify:) | Walk In | |
| NAME: | | DATE: | |