

TOWN OF ROCKY HILL

Department of Human Resources 761 Old Main Street, Rocky Hill, CT 06067

P: (860) 258-2700 F: (860) 258-7638

www.rockyhillct.gov (Rev. 12/26/2018)

APPLICATION FOR EMPLOYMENT FOR EXTERNAL APPLICANTS ONLY

This application must be completed in full and signed.

INSTRUCTIONS

Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions carefully. A separate application form must be submitted for each position you are applying for. Applications are only accepted for currently posted positions.

GENERAL INFORMATION

Last Name First I		Name		MI		Suffix	
Mailing Address		City		State	Zip (Code	
Phone Number		Email Addre	SS				
Position Applying For		Available Sta	art Date				
Check One: Full-time	Part-time	Seasonal	Temporary				
APPLICANT EDUCATION							
Have you graduated from high	school or re	ceived a high s	chool equivalen	cy diploma (C	GED)?		
Check One: YES N	NO If yes	, name of High	School:				
College Education:							
1) Name of College or Univer	rsity Attende	d	City		State		
Dates of Attendance: From: _		To:	_ (MM/YYYY	<i>Y</i>)			
Type of Degree Completed:	Associate	Bachelor	Master	Doctorate			
Major Course of Study:							

<u>APPLICANT EDUCATION</u> (Cont.) 2) Name of College or University Attended City State Dates of Attendance: From: _____ To: ____ (MM/YYYY) Type of Degree Completed: Associate Bachelor Master Doctorate Major Course of Study: Name of College or University Attended City State Dates of Attendance: From: _____ To: ____ (MM/YYYY) Type of Degree Completed: Associate Bachelor Master Doctorate Major Course of Study: **Technical, Business, or Other Education:** 1) _____ Name of School Attended City State Dates of Attendance: From: _____ To: ____ (MM/YYYY) Type of Degree or Certificate Earned: Name of School Attended City State Dates of Attendance: From: _____ To: ____ (MM/YYYY) Type of Degree or Certificate Earned: REQUIRED LICENSES, CERTIFICATIONS, AND OTHER Do you h

Do you ha	ve any valid license	e or certificates	which	authorize you	to practice a	profession or t	rade?
Ch	eck One:	YES	NO If yes, please complete the following section:				
1)	Type of License: _				Lic	ense #	
	Issued by:		_Date Is	ssued:	_ Expiration	n Date:	(MM/YYYY)
2)	Type of License: _				Lic	ense #	
	Issued by:		Date Is	ssued:	_ Expiration	n Date:	(MM/YYYY)
Do you cu	rrently have a valid	Motor Vehicle	e Drive	r's License?	Check One	: YES	NO

License #

REQUIRED LICENSES, CERTIFICATIONS, AND OTHER (Cont.)

Do you currently have	ve a valid Commercia	al Driver's License (C	DL)? Check	c One:	YES NO
State:	Class Type:	End	dorsement(s):		
Please list any and al	l technical, mechanic	cal, vocational skills, a	and equipment yo	u can operat	e.
(Clerical Applicants If yes, please explain	• • •	nd have computer kno ou are familiar with.	wledge? Check	к One: Y	YES NO
(Clerical Applicants If yes, please explain	• • •	any special office skill	s? Check	ς One: Υ	YES NO
What languages do y	ou speak, read, write	e, or sign fluently?			
EMPLOYMENT H	<u>ISTORY</u>				
positions held that yo	ou wish to be conside	ent employment or voluted toward meeting the List all positions (job	ne eligibility requi	irements (mi	nimum
1)Official Job Title			partment Assigne		
Official Job Title		Dej	partificiti Assigne	u 10	
Company Name		Тур	pe of Business		
Address		City		State	Zip Code
Direct Supervisor		Phone Number	Email Addres	SS	
Dates of Employmen	it: From:	To:	(MM/YYYY	Y)	
Number of Hours We	orked per week:	Check One	e: Full-time	Part-tin	ne Per Diem
Number & Job Titles	of Employees Supe	rvised by you:			

List all major duties and responsibilities performed by you in this job. Reason for leaving: 2) __ Official Job Title Department Assigned To Company Name Type of Business State Address City Zip Code Direct Supervisor Phone Number **Email Address** Dates of Employment: To: _____ (MM/YYYY) From: _____ Number of Hours Worked per week: _____ Full-time Per Diem Check One: Part-time N L R 3 $\overline{\mathsf{C}}$ \overline{D}

Number & Job Titles of Employees Su	pervised by you:				
List all major duties and responsibilitie	es performed by you	ı in this	job.		
Reason for leaving:					
3)Official Job Title		Depar	rtment Assigned	То	
Company Name		Type	of Business		
Address	City			State	Zip Code
Direct Supervisor	Phone Numb	er	Email Address		
Dates of Employment: From:	To:		_ (MM/YYYY))	
Number of Hours Worked per week: _	Check	COne:	Full-time	Part-time	Per Diem
Number & Job Titles of Employees Su	pervised by you:				

List all major duties and responsibilities performed by you in this job.

Reason for leaving:					
4)Official Job Title	<u>I</u>	Department Assigned To			
Company Name		Type of Business			
Address	City		State	Zip Code	
Direct Supervisor	Phone Number	Email Addre	ess		
Dates of Employment: From:	To:	(MM/YYY	Y)		
Number of Hours Worked per week:	Check C	One: Full-time	Part-time	Per Diem	
Number & Job Titles of Employees Sup	ervised by you:				
Reason for leaving:					
5) Official Job Title		Department Assigne	nd To		
Official 300 Title	1	zepartment Assigne	zu 10		
Company Name		Γype of Business			
Address	City		State	Zip Code	
Direct Supervisor	Phone Number	Email Addre	ess		
Dates of Employment: From:	To:	(MM/YYY	Y)		
Number of Hours Worked per week:	Check C	One: Full-time	Part-time	Per Diem	
Number & Job Titles of Employees Sup	pervised by you: _				

List all major duties and responsibilities performed by you in this job. Reason for leaving: REFERENCES Former Supervisor: _ Phone Number **Email Address** Name Zip Code Address City State Reference #2 **Email Address** Phone Number Name Zip Code Address City State Reference #3 Phone Number **Email Address** Name Address City State Zip Code **ADDITIONAL INFORMATION** Have you served in the Military? NO Check One: YES If yes, please give dates of service and branch of military. Are you a U.S. Citizen or legally eligible to work in the United States? Check One: YES NO **VOLUNTARY INFORMATION** In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

Gender: Male Female

Race/Ethnic Data:

American Indian or Alaskan Native (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 (Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)

Black / African-American: Not of Hispanic Origin (Persons having origins in any of the black racial groups of Africa.)

Hispanic (Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.)

White: Not of Hispanic Origin (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Where did you learn about this job/position?

Town of Rocky Hill website.
Connecticut Conference of Municipalities website.
Newspaper. Please give the name of the publication:
Other. Internet Site Please give the name of the website:
Current Employee Please give name of Employee:
Other. Please specify:

APPLICANT CERTIFICATION

The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol Policy. Therefore, you may be required to undergo a urine drug/alcohol screening and/or be subjected to a breathalyzer prior to or during the course of your employment with the Town. The Town's policy and testing follows state law. In addition, some positions are considered "safety-sensitive" and those positions are mandated by law, to undergo routine random testing.

Some employment positions require a background, financial, and/or criminal investigation. I hereby give the Town of Rocky Hill permission and full authority to investigate my background and authorize the release of any such information to the Town of Rocky Hill upon request.

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Applicant Signature	Applicant Printed Name	Date	

Note: A typed name will substitute for a handwritten signature.