OFFICE U	JSE ONLY	
	WT:	
	OT:	
	TT:	
	ST:	
	AT:	
RESUME RECEIVED:	PT:	
	SD:	
	SC:	
APPLICATION SENT:	VPC:	
	TOTAL:	
	RANK #	

EMPLOYMENT APPLICATION

TOWN OF WALLINGFORD

Personnel Department 45 South Main Street Wallingford, CT 06492 Phone: (203) 294-2080 Facsimile: (203) 294-2084



	and the second	
1.	NA	ME: DATE:
	AD	DRESS:APT. #:
		STATE: ZIP CODE:
	НО	ME PHONE: () CELL: () WORK: ()
		CIAL SECURITY NUMBER: XXX / XX / U.S. CITIZEN: YES NO
	DR	IVER'S LICENSE NUMBER: STATE: TYPE:
	СО	MMERCIAL DRIVER'S LICENSE (CDL): YESNO
	FO	RMER RESIDENCE (if at current residence for less than five years):
	-	
2.	PO	OSITION APPLIED FOR:
	a.	Do you want to work (check one): FULL-TIME PART-TIME
		TEMPORARY SUMMER YOUTH (students only)
		TEMI ORAKI SUMMER FOUTH (students omy)
	b.	Are you over 18? YES NO If applying for a police officer position, are you over age 21?
		YES NO
	c.	Are you a U.S. Armed Forces veteran? YES NO If you have wartime military service, you may qualify for veteran's preference points under the Town of Wallingford's Personnel Rules. In order to qualify, you must attach your DD Form 214. The personnel Rules also allow for disabled veteran's preference points, Proof of such qualification must be attached to this application.
	d.	Have you ever worked for the Town of Wallingford? YES NO If yes, when and in what capacity?

3. EDUCATION

3. EDUCATION						
LEVEL	School Name and Address	Circle Level Completed	Dates Attended	Did you Graduate?	Degree Awarded (BS, BA etc)	Major Course of Study
High School		10 11 12				
College		1 2 3 4 5 6				
Trade School						
Other						
High School Equi	valency Diploma (GED?) Yes	_NoStat	eNu	mber		
Employment In the space provide	led below, give your complete work hi	story beginning v	vith the most	RECENT emp	oloyer first.	
Include all position	ns held and indicate applicable military	and self-employ	ment periods	of service. Us	e addition shee	ts if necessary.
Employer:			From:	// no. yr.	To:	/yr.
Address:			_ Work Phone	: #: ()		
Your Title:						
Supervisor's Name	e:		Supervisor's	Title:		
				ļ		
Reasons for Leavi	ng:					
Employer:			From:	/	To:	
Address:						о. уг.
Your Title:						
	e:					
•						

2

Your Duties:

Reasons for Leaving:

Rev. 12/18

Em	nployer:	From: / 10: 10:	mo Vr
Ad	ldress:		
Yo	ur Title:		
Su	pervisor's Name:	Supervisor's Title:	
	ur Duties:		
10	an Daties.		
-			7 =
Re	easons for Leaving:		
Em	nployer:	From:/	/
	ldress:		
Yo	our Title:		
Su	pervisor's Name:	_ Supervisor's Title:	
	our Duties:		
Re	easons for Leaving:		
5. G	ENERAL INFORMATION Do you have relatives currently employed by the Town of Wallingfo If yes, please provide name, title, department and relationship to you		
b.	Have you ever been fired or asked to resign from a job? YES	NO If yes, please exp	lain on reverse sid
c.	Please list three personal references (not related you):		
	1	daytime phone	relationship
		()	•
	2name address	daytime phone	relationship
	3name address	daytime phone	relationship
d.	In case of emergency: Name of Nearest Relative:		
	Relation to you:Address:		

3

Rev. 12/18

NOTICE AND CERTIFICATION (Please Read Carefully)

The Town of Wallingford is an equal opportunity employer and does not discriminate as to age, race, color, creed, marital status, sex, national origin, sexual orientation, disability or other protected status under state and federal laws.

I hereby certify that the information I have provided on this application, including any attachments, résumés and cover letters, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application and attachments, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application and attachments are subject to verification. I authorize all persons or organizations listed on this application, to provide the Town of Wallingford with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter. If I have applied for a position deemed to be safety-sensitive, I understand the Town has the right and the duty to solicit certain CDL-related drug and alcohol testing information from prior employers.

DRUG AND ALCOHOL TESTING

The Town of Wallingford requires successful completion of a drug and/or alcohol test as part of its pre-employment screening process. Additionally, the Town requires successful completion of a drug and/or alcohol test if it has reasonable suspicion that an employee is under the influence of drugs or alcohol which adversely affects, or could adversely affect, the employee's job performance. The Town also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random drug and alcohol testing. Drug and alcohol tests are conducted for the Town by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the Town's employment criteria.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED IF THIS NOTICE IS NOT SIGNED AND DATED.

I have read and understand the above.				
Signature:	Date:			
Print Name:	_			

THE TOWN OF WALLINGFORD IS AN EQUAL OPPORTUNITY EMPLOYER

4

Rev. 12/18

COMPLIANCE INFORMATION

The following information is needed for compliance with government selection requirements and for Equal Employment Opportunity reports. It will be detached when your application is filed, and the information on it will not be considered in the employment process.

1. Name:			
2. Address:			
3. Social Security Number:			
4. Date of Birth:			
5. Job Applied For:			
6. Sex: Male Female			
7. Describe yourself in terms of one of th a. American Indian b. Asian American c. Black 8. Today's Date is:	d. Hispanic e. White f. Other (specify)		
	RECRUITING INF	ORMATION	
How did you hear about this job? (please a. Meriden Record-Journal	e circle all that apply)		
b. New Haven Register			
c. Hartford Courantd. Inner City News			
•			
f. Professional Journal (name)			
g. Community Agency (name)			
h. Public Access TV			
i. Present Town Employee			
j. Internet (website name)			
k. Town of Wallingford Website			
l. Radio (name)			
m. Other (please specify)			