



### 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 Equivalency Diploma (GED?) Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

### 4. Employment History

In the space provided below, give your complete work history beginning with the most RECENT employer first. Include all positions held and indicate applicable military and self-employment periods of service. Use addition sheets if necessary.

Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Address: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Address: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons for Leaving: \_\_\_\_\_

**THE TOWN OF WALLINGFORD IS AN EQUAL OPPORTUNITY EMPLOYER**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.  
Address: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reasons for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.  
Address: \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reasons for Leaving: \_\_\_\_\_

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## 5. GENERAL INFORMATION

a. Do you have relatives currently employed by the Town of Wallingford? YES \_\_\_\_\_ NO \_\_\_\_\_

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 explain on reverse side.

c. Please list three personal references (not related you):

1.	_____	_____	(_____) _____	_____
	name	address	daytime phone	relationship
2.	_____	_____	(_____) _____	_____
	name	address	daytime phone	relationship
3.	_____	_____	(_____) _____	_____
	name	address	daytime phone	relationship

d. In case of emergency: Name of Nearest Relative: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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## 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 the following groups (check one):

- |                    |       |                    |       |
|--------------------|-------|--------------------|-------|
| a. American Indian | _____ | d. Hispanic        | _____ |
| b. Asian American  | _____ | e. White           | _____ |
| c. Black           | _____ | f. Other (specify) | _____ |

8. Today's Date is: \_\_\_\_\_

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## RECRUITING INFORMATION

How did you hear about this job? (please circle all that apply)

- a. Meriden Record-Journal \_\_\_\_\_
- b. New Haven Register \_\_\_\_\_
- c. Hartford Courant \_\_\_\_\_
- d. Inner City News \_\_\_\_\_
- e. Other newspaper (name) \_\_\_\_\_
- 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) \_\_\_\_\_