

Name: _____



**City of Shelton
Human Resources Department
54 Hill Street
Shelton, CT 06484
Tel. (203) 924-1555 ext. 1310**

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

TODAY'S DATE: _____

Name: _____

Telephone #: _____

E-mail Address: _____ **Cell #:** _____

Current Address:

No.	Street	City	State	Zip
Previous Address:				

No.	Street	City	State	Zip
Are you legally eligible for employment in the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, you will be required to submit proof of eligibility to work in the U.S.A. Do you wish to be considered for Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Either Full or Part Time? <input type="checkbox"/> Are you related to anyone currently working for the City of Shelton or Shelton Board of Education? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide their name, relationship and department:				

Name	Relationship	Dept.
EMPLOYMENT DESIRED Position(s) applied for _____		
Were you previously employed by the City of Shelton? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when, what department? _____ If your application is considered favorably, on what date will you be available for work? _____ Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please explain: _____		

Name: _____

EMPLOYMENT HISTORY

List below past and present employment, beginning with your most recent employment.

Name, Address & Telephone No. of Employer	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

Name, Address & Telephone No. of Employer	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

Name, Address & Telephone No. of Employer	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

Name, Address & Telephone No. of Employer	From (Mo. Yr.)	To (Mo. Yr.)	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:					

Name: _____

Do you have any secondary jobs which you plan to attain or maintain if employed by the City of Shelton?

Name of Employer: _____

Type of Work: _____

Name of Employer: _____

Type of Work: _____

Education: Name & Location of School	Number of Years Completed	Year of Completion/ Graduation	Type Degree/ Diploma
-------------------------------------------------	----------------------------------	---------------------------------------	-----------------------------

High School

College

College

College

Other/Trade

General Information:

Subjects of Special Study or Research Work:

Special Skills/Licenses/Certifications:

U.S. Military or Naval Service: _____ Rank: _____

Present Member in National Guard or Reserves: _____

REFERENCES: (Not Relatives)

Name and Occupation	Address	Phone Number

Name: _____

May we telephone you to follow up on this application at home? Yes No

If yes, what is the best number and time to call? _____

May we telephone you to follow up on this application at work? Yes No

If yes, what is the best time to call? _____

What is your business telephone number? _____

PRE-EMPLOYMENT STATEMENT (Please read carefully)

I certify and declare under the penalties of false statement that I have read and understand the terms of this employment application and attest that all statements made on or in connection with this application are true, complete, and correct. I understand that incomplete, false, inaccurate, or misleading information given in my application, interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided, whether willingly or accidental, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

I understand that this application is not a contract of employment nor is it a guarantee or indication of employment. I also understand that should I be granted an interview, the representations that may be made at the interview are not to be construed as creating any obligation, promise or contract on behalf of the City of Shelton. Should I be employed by the City, in consideration of my employment, I agree to conform to the rules and policies of the City of Shelton, as they may from time to time be implemented or revised.

Identification and verification of eligibility to work in the United States must be satisfied for employment.

I further understand that in consideration for employment, an investigative background report may be prepared at the request of the City of Shelton, whereby information may be obtained from my employers (present or former), educational institutions, all branches of the U.S. Military service, and public records maintained by government agencies or others, including but not limited to criminal conviction reports, credit reports, etc. I authorize the City of Shelton and its designated representative(s) to perform this investigation, and further authorize present and former employers, references and other persons to provide information for the investigation. I also authorize the City of Shelton to receive criminal conviction records pertaining to me, which may be in the files of any criminal justice agency.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. Any offer of employment will be contingent upon passing a drug test and medical examination. I authorize medical provider(s) to release any/all medical information to the City pursuant to its pre-employment physical and drug screen procedures in accordance with HIPPA.

I have read, understand and agree to the foregoing.

Signature of Applicant _____ Date _____

Job applications may be mailed to the above address or dropped off at the Human Resources office. The City of Shelton is not responsible for timely postal delivery of job applications. Job applications must be received by the Department of Human Resources no later than 5:30 PM on the CLOSING DATE indicated for each available position listed under the City of Shelton job listings or postings. For more information on the City of Shelton job opportunities, check the Human Resources page at www.cityofshelton.org.

Name: _____

APPLICANT DISCLOSURE FORM

1. CANDIDATE INFORMATION

It is the policy of the City of Shelton to recruit, hire and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this part of the pre-employment process. Applicants so choosing may identify on the form that they have chosen NOT to provide the City of Shelton with the requested information by checking the appropriate box below. This information will in no way affect your employment eligibility. This form will be removed from the application.

2. GENERAL INFORMATION

Name: _____

Date: _____

3. STATISTICAL INFORMATION

Race/Ethnic Identification: (Please check one)

Job Classification

American Indian or Alaska Native

_____ Title of the position for which you are applying

Asian

Black or African American

Hispanic or Latino

Gender:

Native Hawaiian or Other Pacific Islander

Male

White/Caucasian

Female

Other (specify) _____

4. NON-PARTICIPATION

I have read the above statement and have chosen NOT to complete this form.

5. RECRUITING INFORMATION

How did you hear about this job? (Please check one)

Connecticut Post

Human Resources Posting

New Haven Register

City Website

City Employee
(please give name: _____)

Professional Journal

Internet
(please give site: _____)

Other
(please specify: _____)