



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

**TOWN OF FARMINGTON
TOWN MANAGER'S OFFICE
1 MONTEITH DRIVE
FARMINGTON, CT 06032-1053**

OFFICE USE ONLY

REC _____
DRV _____
PHY _____
PRTS _____

The Town of Farmington (the "Town") is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS	CITY/TOWN	STATE/ZIP	HOW LONG?
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (CELL)	E-MAIL ADDRESS	

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes _____ No _____

If your authorization to work in the United States is subject to expiration, when will it expire? _____

If employment is offered, can you produce documentation required by law to establish work authorization and identity?
Yes _____ No _____

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? Yes _____ No _____

GENERAL INFORMATION

Position(s) applied for: _____

Where did you hear about this position? _____
(If referred, please provide employee's name)

Are you available to work (check one): Full-time _____ Part-Time _____ Seasonal _____ Summer Youth _____

On what date would you be available to start work? _____

Are you related by blood or marriage to any employee or elected official of the Town of Farmington? Yes _____ No _____

If yes, please name: _____

Have you ever applied to, or worked for the Town of Farmington before? Yes _____ No _____

If yes, under what name, dates of employment and department? _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you work overtime? Yes _____ No _____

Can you travel if your job requires it? Yes _____ No _____

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes _____ No _____

If yes, please explain. _____

EMPLOYMENT HISTORY

List below, chronologically (most recent dates first) sheet(s) if necessary). Give correct, full addresses, and d time employment, job-related military service assignments and job-related volunteer activities.

IMPORTANT: May we contact your present employer? YES _____ NO _____

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment: Month Year To _____ to _____ Month Year _____ # Hrs. Worked Weekly	Name, Title & Phone # of Supervisor Description of Duties Reason for leaving:		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment: From _____ to _____ Month Year To _____ to _____ Month Year _____ # Hrs. Worked Weekly	Name, Title & Phone # of Supervisor Description of Duties Reason for leaving:		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment: From _____ to _____ Month Year To _____ to _____ Month Year _____ # Hrs. Worked Weekly	Name, Title & Phone # of Supervisor Description of Duties_ Reason for leaving:		



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EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High			
High School			
College			
Graduate/ Professional/ Trade/Business			

High School Equivalency Diploma (GED)? Date _____ Number _____

Course of Study in Post-Secondary Education: _____

Describe any specialized training, apprenticeship, computer skills, extra-curricular activities, academic scholarships/awards related to the job for which you are applying. In addition, describe any other training or professional licenses, special courses, work training programs, or armed forces training related to the job for which you are applying. Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other relevant details

CDL License YES

(ATTACH COPY PLEASE)

CDL License NO CDL License # _____ Expiration Date _____

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

- | | | | |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
- | | | | |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
- | | | | |
|------|---------|-------|--------------|
| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|

State any additional information you feel may be helpful to us in considering your application:

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME PHONE RELATIONSHIP



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AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Farmington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. **Further, in consideration of my employment, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that, subject to any applicable collective bargaining agreement, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.** It is further understood that this "**at-will**" employment relationship may not be changed by any written document or by conduct unless the Town Manager specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Town has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Town should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Applicant's Signature: _____ **Date:** _____



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NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, the Town of Farmington may conduct a background check. If you are hired, the Town may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Town may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Town obtains a "consumer report" about you, and considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes the Town to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment. To perform the background check, please provide the following information:

Social Security No.: _____ - _____ - _____

Driver's License No: _____ State: _____

Print Name: _____

Any Other Names by Which You Have Been Known? _____

Signature: _____

Date: _____



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MOTOR VEHICLE CHECK

By signing below, I do hereby give my permission and authorization for the Town of Farmington to obtain a copy of my Motor Vehicle Record. The information obtained will be used for company insurance, safety, loss control, job qualification, and/or compliance purposes. If hired, or if currently employed, this release and authorization shall remain in effect during the term of my employment. The Town of Farmington reserves the right to run subsequent Motor Vehicle Reports on an as needed basis.

Signature

Date

Full Name

Date of Birth

Driver's License Number

State of Issue

Current Resident Address



AUTHORIZATION TO OBTAIN PERSONNEL FILE

To Whom It May Concern:

I am an applicant for a position with the Town of Farmington. This is an authorization for you to supply the Town of Farmington with a complete copy of my official personnel file, pursuant to Conn. Gen. Stat. § 31-128a et seq. For purposes of this request, "personnel file documents" are defined as:

... papers, documents and reports, including electronic mail and facsimiles, pertaining to a particular employee that are used or have been used by an employer to determine such employee's eligibility for employment, promotion, additional compensation, transfer, termination, disciplinary or other adverse personnel action including employee evaluations or reports relating to such employee's character, credit and work habits.

"Personnel file" does not mean stock option or management bonus plan records, medical records, letters of reference or recommendations from third parties including former employers, materials that are used by the employer to plan for future operations, information contained in separately maintained security files, test information, the disclosure of which would invalidate the test, or documents which are being developed or prepared for use in civil, criminal or grievance procedures

I hereby indemnify and release those entities giving information to the Town of Farmington as well as the Town of Farmington from all liability and responsibility in connection with the provision of any such information.

Please send the documents to Kathryn Krajewski, Assistant Town Manager, Town of Farmington, 1 Monteith Drive, Farmington, CT 06032. If you have any questions about fulfilling this request, please contact Ms. Krajewski at (860) 675-2369.

A facsimile of my signature below shall be as effective as the original.

* _____
Employee Name (Print)

* _____
Employee Signature

SSN: * _____ - _____ - _____

* _____
Date

NOTE: Please use the name and social security number in effect at the time of former employment.

