



TOWN OF BLOOMFIELD

Department of Human Resources
800 Bloomfield Ave. Bloomfield, CT 06002
(860) 769-3544

HR Use
Only

Application for Employment

The Town of Bloomfield is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants for employment. The Town does not discriminate on the basis of race, color, sex, age, religion, marital status, national origin, ancestry, veteran status, sexual orientation, gender identity or expression, or disability as defined by law. The Town will make reasonable accommodations for individuals with disabilities. **Please contact the Human Resources Department if accommodation is needed to complete this application process.** Qualified persons with a disability may request special testing accommodation by contacting the Human Resources Department at (860)769-3544.

INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. **It must be completed in full even if resumes or other supporting materials are attached.** Please answer all questions fully and accurately. Make your statements brief, but do not omit important information, which may have relevance to the position. **Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive.** The Town cannot assume responsibility for the confidentiality of information provided in an employment application.

(PLEASE TYPE OR PRINT CLEARLY)

Title of Position Applying for (A separate application is required for each position)		
Position	Date of Application	
Are you able to perform the essential functions of this job with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal Information		
Last Name	First Name	Middle Initial
Residential Address	City, State	Zip Code
E-mail Address:	Home Phone:	Cell Phone:
Are you a U.S. Citizen or an alien authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, must provide documentation.		
Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, when will you turn 18 years of age? _____		
Date available for work: Month _____ Day _____ Year _____		
Are you related to any Town of Bloomfield employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, employee's name _____ Relationship _____		
Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain (use separate sheet if necessary)		

Military Record: Have you ever served in the United States Military? Yes ☐ No ☐ (If yes, you must provide a copy of your DD 214 to receive veterans credit)

Record of Education

Select highest grade completed

☐9 ☐10 ☐11 ☐12 ☐High School Equivalency/GED College: ☐AA ☐BS/BA ☐MS/MA ☐ Doctorate

List High School, Colleges, Universities, Business or Trade Schools you attended, which apply to the position.

Name of School and Location		Course of Study	Did you graduate?		List Diploma or Degree

Licenses/Certifications and Skills

If you are applying for a position, which requires the driving of any motor vehicle, please answer the following questions: (Please provide a copy of your license.)

Do you have a valid driver's license? Yes ☐ No ☐

State _____

Class _____

Endorsements _____

Computer Skills:

☐ MS Word ☐ Excel ☐ Power Point Others _____

Are there any other experiences, skills or qualifications that will be of benefit in the job for which you are applying?

Employment History/Experience

Begin with your present or most recent employment and work backward consecutively accounting for all time since school. If you held several different positions with the same employer, list separately. If you need more space, use additional forms or a sheet of plain white paper. **Duties:** Describe the nature of the work personally performed by you.

Most recent/Current Employer Name & Address

Job Title _____

Full Time ☐ Part Time ☐ hours per week _____

Supervisor Name & Title _____

Telephone (____) _____

Dates of Employment

(Mo/Yr) _____ to (Mo/Yr) _____

May we contact? Yes ☐ Telephone (____) _____ or No ☐

Number of regular employees directly reporting to you _____.

Reason for Leaving _____

Description of Duties - must be completed in full even if resumes or other supporting materials are attached

Employer Name & Address

Job Title _____

Full Time ☐ Part Time ☐ hours per week _____

Supervisor Name & Title _____

Telephone (____) _____

Dates of Employment

(Mo/Yr) _____ to (Mo/Yr) _____

May we contact? Yes ☐ Telephone (____) _____ or No ☐

Number of regular employees directly reporting to you _____.

Reason for Leaving _____

Description of Duties- must be completed in full even if resumes or other supporting materials are attached

Employer Name & Address

Job Title _____

Full Time ☐ Part Time ☐ hours per week _____

Supervisor Name & Title _____

Telephone (____) _____

Dates of Employment

(Mo/Yr) _____ to (Mo/Yr) _____

May we contact? Yes ☐ Telephone (____) _____ or No ☐

Number of regular employees directly reporting to you _____.

Reason for Leaving _____

Description of Duties - must be completed in full even if resumes or other supporting materials are attached

Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> hours per week _____
	Supervisor Name & Title _____ May we contact? Yes <input type="checkbox"/> Telephone (____) _____ or No <input type="checkbox"/>
Number of regular employees directly reporting to you _____	Reason for Leaving _____

Description of Duties- **must be completed in full even if resumes or other supporting materials are attached**

Certification

- I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that the misrepresentation, omission or falsification of any information on this application is grounds for denial of employment or termination from employment if employment has already commenced.
1. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the application process.
 2. I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my employment or personal history.
 3. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
 4. The acceptance of this application or the granting of an interview does not constitute an offer of employment or an employment agreement of any kind. In the event I am employed by the Town, I understand that the terms and conditions of my employment will be governed by the orders, rules, regulations and/or collective bargaining agreement.
 5. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at the time of appointment.
 6. Applicants are subject to pre-employment drug testing pursuant to Connecticut General Statutes 31.5v. A positive test result is grounds for denial of employment or the withdrawal of any offer of employment. Individuals who are employed in positions designed as safety sensitive/high risk, or in positions requiring Commercial Driver's Licenses will be subject to random testing pursuant to state and federal law.

I hereby acknowledge that I have read the above statements and understand them.

Signature _____ Date _____

Print Name _____