



# TOWN OF AVON



## APPLICATION FOR EMPLOYMENT

60 WEST MAIN STREET AVON, CT 06001

PHONE (860) 409-4303

FAX (860) 409-4366

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 all other legally protected status.

**THE TOWN IS AN EQUAL OPPORTUNITY EMPLOYER.**

(Please Type or Print)

Position Applied For*:		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		E-Mail Address	

\*Only apply for one position per application.

**Note to Applicants:** Do not answer the following question unless you have been informed about the requirements on the job for which you are applying.

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with the Town before? If yes, give date: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally authorized to work in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Conviction will not necessarily disqualify an applicant from employment)  
 If Yes, please explain: \_\_\_\_\_

\* This information will be available only to the personnel department and to those individuals involved in interviewing the candidate. You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b, 54-76o or 54-142, which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which you have been found not guilty or a conviction for which you have received an absolute pardon. If your only criminal record consists of items that have been erased under the statutes listed above, then you may state on this form that you have not been convicted.

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				

## ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## Specialized Skills: Check Skills / Equipment Operated

\_\_\_\_\_ PC  
 \_\_\_\_\_ Calculator

\_\_\_\_\_ MS Word  
 \_\_\_\_\_ MS Access

\_\_\_\_\_ Excel  
 \_\_\_\_\_ Spreadsheet

Others \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities and other protected status.

May the Town contact your present employer?    ☐ Yes    ☐ No

**Employer** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_  
Address \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
Phone Number \_\_\_\_\_ **Salary** \_\_\_\_\_  
Job Title \_\_\_\_\_ **Job Supervisor** \_\_\_\_\_  
Work Performed \_\_\_\_\_

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Address \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
Phone Number \_\_\_\_\_ **Salary** \_\_\_\_\_  
Job Title \_\_\_\_\_ **Job Supervisor** \_\_\_\_\_  
Work Performed \_\_\_\_\_

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Address \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
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Job Title \_\_\_\_\_ **Job Supervisor** \_\_\_\_\_  
Work Performed \_\_\_\_\_

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Address \_\_\_\_\_ **Dates Employed** \_\_\_\_\_  
Phone Number \_\_\_\_\_ **Salary** \_\_\_\_\_  
Job Title \_\_\_\_\_ **Job Supervisor** \_\_\_\_\_  
Work Performed \_\_\_\_\_

If you need additional space, please continue on a separate sheet.

Have you ever been discharged or forced to resign from a prior job? If yes, please explain:

## ADDITIONAL INFORMATION

State any supplemental information you feel may be helpful to us in considering your application.

## REFERENCES

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Unless subject to a collective bargaining agreement or other contract of employment, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Notice of Original Signature: If you plan to fax or e-mail your completed application to the Director of Human Resources, you must also send this page by mail so that the Town will have an original signature on file.***



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## VOLUNTARY INFORMATION

### For GOVERNMENT MONITORING PURPOSES

This organization is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

**POSITION APPLIED FOR:** \_\_\_\_\_

I wish to furnish this information \_\_\_\_\_ (Please Print Name)\_\_\_\_\_

I do not wish to furnish this information \_\_\_\_\_ (Please Print Name)\_\_\_\_\_

Please check appropriate line: \_\_\_\_\_Male \_\_\_\_\_Female

### ETHNIC CATEGORY (Check only one)

_____ White (Not of Hispanic origin)	_____ Hispanic
_____ Asian/Pacific Islander	_____ American Indian/Alaska Native
_____ Black (Not of Hispanic origin)	_____ Other- please specify:_____

### How did you hear about this job? Please check one.

\_\_\_\_\_ Hartford Courant

\_\_\_\_\_ Other Newspaper – please specify:\_\_\_\_\_

\_\_\_\_\_ Professional Journal – please specify:\_\_\_\_\_

\_\_\_\_\_ Community Agency – please give name:\_\_\_\_\_

\_\_\_\_\_ Connecticut Employment Service:\_\_\_\_\_

\_\_\_\_\_ Other – please specify:\_\_\_\_\_

**DATE:**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_