



TOWN OF AVON



APPLICATION FOR EMPLOYMENT

60 WEST MAIN STREET AVON, CT 06001-3719
PHONE (860) 409-4303
FAX (860) 409-4366
www.avonct.gov

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

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.

Computer Skills:

___ Word ___ Excel ___ Access ___ Outlook ___ Other: _____

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 | _____ |
| Job Title | _____ | Job Supervisor | _____ |
| Work Performed | _____ | | |

| | | | |
|----------------|-------|--------------------|-------|
| Employer | _____ | Reason for Leaving | _____ |
| Address | _____ | | |
| Dates Employed | _____ | Phone Number | _____ |
| Job Title | _____ | Job Supervisor | _____ |
| Work Performed | _____ | | |

| | | | |
|----------------|-------|--------------------|-------|
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| Job Title | _____ | Job Supervisor | _____ |
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| | | | |
|----------------|-------|--------------------|-------|
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| Address | _____ | | |
| Dates Employed | _____ | Phone Number | _____ |
| 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 # / Email Address: _____
Address _____

2. Name _____ Phone # / Email Address: _____
Address _____

3. Name _____ Phone # / Email Address: _____
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.

Revised May 2018



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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)

- | | |
|---------------------------------|---|
| _____ Hispanic or Latino | _____ Native Hawaiian or Other Pacific Islander |
| _____ White | _____ American Indian or Alaska Native |
| _____ Black or African American | _____ Two or more races |
| _____ Asian | |

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

- _____ Hartford Courant / Yankee Flyer
- _____ Town of Avon Website
- _____ Professional Website
- _____ Other Newspaper – please specify: _____
- _____ Community Agency – please list name: _____
- _____ Connecticut Employment Service: _____
- _____ Other – please specify: _____

DATE: _____

SIGNATURE: _____