

Town of Suffield

Suffield, Connecticut

Return to:
 Town of Suffield
 Human Resources
 83 Mountain Rd.
 Suffield, CT 06078

EMPLOYMENT APPLICATION

The **Town of Suffield** is committed to a policy of non-discrimination and equal opportunity for all qualified employees and 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 every reasonable accommodation for individuals with disabilities provided that the accommodation does not impose an undue hardship on the Town.

INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. **It must be completed in full even if a resume 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.**

Please type or complete in ink. **Email address is required**

Section 1: Exact Title of Position Applying For (A separate application is required for each position)

Section 2: Personal Information

| | | | |
|--|------------|--|-----------|
| Title | First Name | Middle Initial | Last Name |
| E-mail Address (Required) | | | |
| Mailing Address | | City, State | Zip Code |
| Home Phone: contact you at your work number? <input type="checkbox"/> Yes | | Cell Phone: <input type="checkbox"/> No | May we |
| Are you either a U. S. Citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Must provide documentation, if hired. | | | |
| Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been convicted of a felony crime? Conviction of a felony will not necessarily disqualify you from employment with the Town. The Town will consider the nature and number of convictions in relation to the position sought. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain. | | | |

For HR Use Only

| Section 3: Military Record (Provide a copy of your DD 214, if applicable) | | |
|---|--------------|--------------|
| Branch of Service | Dates Served | Type of Duty |
| Special Training Received: | | |

| Section 4: Education | | | | |
|---|--------------|------------|---------------|----------------------|
| Select highest grade completed | | | | |
| <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> High School Equivalency College: <input type="checkbox"/> AA <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> Doctorate | | | | |
| Colleges, Universities, business or Trade Schools you attended which apply to the position- list earned degrees only | | | | |
| Name of School and Location | From (Mo/Yr) | To (Mo/Yr) | Major Subject | List Degree Received |
| | | | | |
| | | | | |
| | | | | |

| Section 5: Licensure/Certifications and Skills |
|---|
| <p>A. List all professional licenses, certifications, or classes:</p> <p>B. List any other related professional licenses, certifications, or classes that will benefit the position for which you are applying:</p> <p>C. Please complete if applicable. I have the following skills:</p> <p> <input type="checkbox"/> <i>Microsoft Word</i> <input type="checkbox"/> <i>Microsoft Excel</i> <input type="checkbox"/> <i>E-Mail</i> <input type="checkbox"/> <i>Access</i> <input type="checkbox"/> <i>Outlook</i> <input type="checkbox"/> Other software or equipment _____ </p> |

Please list any friends or relatives who may now work for, or in the past, have worked for the Town of Suffield.

| |
|--|
| |
|--|

Section 6: List all employment including self-employment, summer, part-time and full-time military service. You may also include any work performed on a volunteer basis. Start with the present or most recent employer.

Are you willing to have your present employer contacted regarding your qualifications and work performance? Yes No If No, please explain:

| | |
|--|--|
| Most recent/current Employer Name & Address Telephone (____) _____ Dates (Mo/Yr) _____ to (Mo/Yr) _____ | Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week |
| | Supervisor name and phone number |
| | Starting Hourly/Monthly rate \$ _____ Final Hourly/Monthly rate \$ _____ |
| | Reason for Leaving |

Description of Duties

| | |
|--|--|
| Employer Name & Address Telephone (____) _____ Dates (Mo/Yr) _____ to (Mo/Yr) _____ | Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week |
| | Supervisor name and phone number |
| | Starting Hourly/Monthly rate \$ _____ Final Hourly/Monthly rate \$ _____ |
| | Reason for Leaving |

Description of Duties

| | |
|--|--|
| Employer Name & Address Telephone (____) _____ Dates (Mo/Yr) _____ to (Mo/Yr) _____ | Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week |
| | Supervisor name and phone number |
| | Starting Hourly/Monthly rate \$ _____ Final Hourly/Monthly rate \$ _____ |
| | Reason for Leaving: |

NAME _____

| | |
|---|---|
| Description of Duties | |
| Employer Name & Address | Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week |
| Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____ | Supervisor name and phone number |
| | Starting Hourly/Monthly rate \$ _____ Final Hourly/Monthly rate \$ _____ |
| | Reason for Leaving |
| Description of Duties | |

Section 7: References

List four professional and/or personal references. Do not list relatives or supervisors previously named in Employment Section.

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

NAME _____

Section 8: Use this space for any additional information, or for continuation of answers to previous questions. Refer to questions by section number.

A large, empty rectangular box with a black border, intended for providing additional information or continuing answers to previous questions. The box is currently blank.

Section 9: Certification. Please read the following and sign where indicated.

A. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand that non-compliance with this certification will result in rejection of my application or, if I am already employed, immediate discharge from employment.

B. In the event that I am employed by this town, I agree to comply with all of its orders, rules and regulations. The Town of Suffield makes no guarantee of continued employment.

C. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

D. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Failure to pass the test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the Town's Drug and Alcohol Testing Program.

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

Signature Date

Print Name

Please indicate where you learned about this position:

Newspaper (Name)_____

Website (Name)_____

Professional Association (Name)_____

Other _____

NAME _____

Equal Employment Opportunity Questionnaire

This self-identification questionnaire is a voluntary and optional request of your identification. The information gathered will be kept in a file separate from applications and personnel files and will be used for statistical purposes only as it may apply to our Equal Employment Opportunity Program. Self-identification provides each applicant to chance to indicate their Gender, Race and Ethnicity.

Date: _____

Gender: _____

Veteran Status: _____

Ethnic Background:

- Hispanic or Latino
- White (not of Hispanic origin)
- Black or African American (not of Hispanic origin)
- Native Hawaiian or Pacific Islander
- Asian
- American Indian or Alaskan Native
- Two or more races