



# 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

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

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:		



# PRE-EMPLOYMENT CHECKS AND TESTING

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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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## AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with the Town of Farmington. I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Town.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Town, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Print Former Name(s): \_\_\_\_\_

Date: \_\_\_\_\_



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## NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Town of Farmington (the "Town") shall submit to a urinalysis drug test as a mandatory part of the employment application process. This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedures required by applicable state and federal regulations. Additionally, the Town of Farmington requires successful completion of a urinalysis drug test if it has reasonable suspicion that an employee is under the influence of drugs or alcohol which adversely affects or could adversely affect the employee's job performance. The Town of Farmington also requires employees in occupations that have been designated as safety-sensitive by the State of Connecticut to undergo random urinalysis drug testing.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Town, you will comply in full with the Town's drug testing policy.

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Applicant Signature

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Date