



TOWN OF GUILFORD

31 Park Street
Guilford, Connecticut 06437
Tel: (203) 453-8075
Fax: (203) 453-8218

Employment Application

Position Applied for:

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Daytime Phone		E-mail Address			
Driver's License # (if job related)					State
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever previously worked for the Town of Guilford?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you been convicted of a felony in the last seven (7) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

MILITARY SERVICE

Are you a veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Duty/specialized training:
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EDUCATION

High School		City		State
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		City		State
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		City		State
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

SKILLS AND QUALIFICATIONS

Please list any special skills, degrees, certificates, qualifications, accomplishments, and awards that may qualify you for the position you are applying for.

REFERRAL SOURCE

How did you hear about this position?



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PREVIOUS EMPLOYMENT

Please list in reverse chronological order.

Employer		Phone	
Address		City	State
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer		Phone	
Address		City	State
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Employer		Phone	
Address		City	State
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>



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REFERENCES

Please list three professional references not related to you.

Full Name	Title	
Employer	Phone	
Address	City	State
Full Name	Title	
Employer	Phone	
Address	City	State
Full Name	Title	
Employer	Phone	
Address	City	State

CONDITIONS OF EMPLOYMENT – PLEASE READ CAREFULLY AND SIGN BELOW

1. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Town of Guilford's service if I have been employed.
2. I give the Town of Guilford the right to investigate all references to secure additional information about me, if job related. I hereby release from liability the Town of Guilford and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
3. This application is current for six (6) months. At the conclusion of this time, if I have not heard from the Town of Guilford and still wish to be considered for employment, I understand that it will be necessary to fill out a new application.
4. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town is of an "at will" nature, which means that the Employee may resign at any time and the Town of Guilford 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 the First Selectman of the Town of Guilford.
5. In the event of employment, I understand that false or misleading information given in my application, resume, and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Town of Guilford.

DISCLAIMER AND SIGNATURE

As an applicant seeking employment with the Town of Guilford. I certify that my answers are true and complete to the best of my knowledge and agree to comply with the above Conditions of Employment.

Signature	Date
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The Town of Guilford is an Equal Opportunity Employer. The Town of Guilford does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.



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Voluntary Affirmative Action Information

Position Applied for:

The Town of Guilford considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status. As required, we comply with government regulations including the Affirmative Action requirements of Section 503 of the Rehabilitation Act or other federal laws or regulations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey, which will be filed separately from your application.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

SECTION I: APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address	Apartment/Unit #		
City	State	ZIP	

SECTION II: REFERRAL SOURCE (Please check one)

- ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency ☐ Walk-in ☐ Private Employment Agency
☐ Other ☐ Name of Source (if applicable) _____

SECTION III: APPLICANT AFFIRMATIVE ACTION DATA

Gender: Check one box ☐ Male ☐ Female

Race/National Origin: Check the box below that corresponds to the category that best identifies you race/ethnicity.

- ☐ White – (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
☐ Black – (not of Hispanic origin) – All persons having origin in any of the Black Racial groups of Africa
☐ Hispanic– All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
☐ American Indian/Alaskan native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
☐ Asian/Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.
☐ Other _____
(Please Specify)

SECTION IV: DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam and qualified handicapped individuals.

You are invited to volunteer this information. If you qualify, to assist in the proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

- ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Individual with Disability