

TOWN OF NEW MILFORD

"Gateway To Litchfield County"

Application for Employment Form

Position Applied For: _____ Date: _____

The **TOWN OF NEW MILFORD (The Town)** considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, **The Town** complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. **The Town** also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with Americans With Disabilities Act and applicable state and local laws.

Name Referred by

Current Address Street City State Zip Code

Telephone Number Home Cell Work

Are you over the age of 18? Yes No If not, state your age _____

Work Availability: Full Time Part Time Nights Days

Monday Tuesday Wednesday Thursday Friday

Hours Hours Hours Hours Hours

Are you willing to work overtime as necessary? Yes No

Date you can start: _____ Salary desired: _____

Have you ever been employed by us? Yes No

If yes, when? _____ Position: _____

Do you require a reasonable accommodation to perform your duties in a safe manner in the position for which you have applied?

Yes No If yes, please explain: _____

Have you ever been convicted of a crime? [★] Yes No If yes, state the nature of offense, when, where, and disposition.

[★] A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Are you authorized to work for all employers in the United States? You will be required to complete an I9 and submit supporting documents.

Yes No

State name(s) of any relative(s) in our employ and your relationship to them:

Record of Education (High School, College, Technical School)

Name and Address of School	Number of years completed	Did you Graduate?	Diploma Or Degree/G.E.D. Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Licenses, Certifications _____

Do you have a CDL? Yes No

I agree to allow the Town to check 2 years of prior employment relevant to a CDL for drug/alcohol random testing results. Yes No.

Military Service Record

Have you ever served in the U.S. Armed Forces? [] Yes [] No

List duties in the Service, including special training that is relevant to the position for which you have applied.

Prior Work History

Name of Employer _____ Phone _____

Address _____

Your Position _____ From _____ To _____

Reason for Leaving _____ Final Pay _____

Name of Supervisor _____

Name of Employer _____ Phone _____

Address _____

Your Position _____ From _____ To _____

Reason for Leaving _____ Final Pay _____

Name of Supervisor _____

Name of Employer _____ Phone _____

Address _____

Your Position _____ From _____ To _____

Reason for Leaving _____ Final Pay _____

Name of Supervisor _____

Skills (Related to the job for which you are applying)

Computer skills [] List Programs and skill level (Beginner, Intermediate, Expert)

Typing wpm []

Other office/outdoor equipment

Other experiences, skills, or abilities that qualify you for work with the Town?

Professional References (excluding relatives)

Name	Position	Telephone Number	Years known
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Name	Position	Telephone Number	Years known
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Name	Position	Telephone Number	Years known
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Acknowledgment Statement and Authorization Agreement

By signing below, I acknowledge that have read and understand the policies stated below and agree to the authorization and release of information as described below:

Accuracy of Information. I understand the Town of New Milford relies upon the accuracy of information contained in my employment application and the accuracy of other data presented throughout the hiring process and employment. I certify that I have provided information that, to the best of my knowledge is truthful and accurate. I understand that false statements, misrepresentations, or material omissions in any of this information or data may result in exclusion of my application from consideration for employment or, if I am hired, in termination.

Employment-at-Will. I understand that this application does not create an employment contract/relationship. I also understand that if hired by the Town of New Milford my employment can be terminated at any time, by myself or for any grounds not prohibited by law. Exception would be employees covered by a collective bargaining agreement.

Drug-Free Workplace. The Town of New Milford maintains a drug-free workplace. I understand that as a condition of employment, I must undergo a pre-employment drug/alcohol screening, which may be conducted by and through independent contractors. I understand that information obtained from this examination will be kept confidential and disclosed only to supervisors, managers, and safety or rescue personnel who have a need to know. I understand that if I test positive for illegal substances and/or alcohol, I will be disqualified from consideration from any position. Employees required to maintain a commercial drivers license will be requested to submit to random, reasonable suspicion, post-accident, post-incident and periodic drug/alcohol testing as required by Department of Transportation regulations during employment and that refusal to do so is justification for termination.

Background Investigation. The Town of New Milford complies with all federal requirements with respect to the business it conducts. As such, I understand that as a condition of employment, I must undergo a pre-employment background and criminal investigation, which may be conducted by and through independent contractors. I understand that if the results of either the background or criminal investigation do not meet the standards of relevant federal regulations hiring policy, I will be disqualified from consideration, I further agree that if hired, I will be responsible for updating or informing the Town of New Milford of any change in criminal status. I further understand that additional background investigations may be conducted during the course of my employment.

Promotion and/or Transfer Consideration. I understand that if I am hired and I wish to apply for promotional or transfer consideration, I may be required to complete a new employment application, undergo an alcohol/drug screen, physical (to the extent permitted by law), background and criminal investigation as required for the position/promotion/transfer.

Employment Eligibility. I understand that if hired by the Town of New Milford, I will be required to comply with the federal Immigration Reform and Control Act and show proof of my identity and eligibility to work in the United States. I understand that failure to produce the required documents will cause the Town of New Milford to withdraw any job offer and terminate my employment.

Non-Compete and Non-Disclosure. If hired by the Town of New Milford, I will perform my job duties in an ethical manner and avoid any conflicts of interest.

Physical Examinations. I understand that I may be asked to submit to a post-offer pre-employment physical examination and that such examination may be conducted by and through independent contractors. I understand that information obtained from this examination will be kept confidential and disclosed only to supervisors, managers, and safety or rescue personnel who have a need to know. No one will be disqualified from employment based on the results of this examination without the Town of New Milford first weighing possible accommodations and establishing the legality and business necessity of the physical requirement.

Reference Check Authorization. I agree to allow the Town of New Milford by and through its independent contractors, to contact the people I have listed as references on this application. I agree not to hold any reference listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for employment with the Town of New Milford.

Expirations of Application. I understand that this application shall remain active for a period of 180 days from the date of filing and I understand that if I wish to be considered after that time, It shall be my responsibility to renew the application. I understand that the application is not valid without my signature/acceptance. I agree that a photocopy of this authorization may be used to perform background and criminal investigations in lieu of the original.

Date: _____

Signature: _____