TOWN OF BROOKFIELD

Human Resources Department, P.O. Box 5106, 100 Pocono Road, Brookfield, CT 06804

Application for Employment

"We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, or physical defects". The Town also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with Americans With Disabilities Act and applicable state and local laws.

This form must be completed fully and signed for further consideration.
Resumes may be included but may not be substituted.

(PLEASE PRINT)

Position(s) Applied For:_____ Date of Application:_____

GENERAL INFORMATION

Name:_____ Social Security Number:_____
Last First Middle Initial

Address:_____
Street Apt/Unit City State Zip

Home Phone: _____ Cell Phone:_____ Email Address:_____

Referred by:_____

Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

Date available for work?_____

Are you currently authorized to work in the U.S.? ☐ Yes ☐ No

(Note: 1986 Immigration Reform & Control Act requires verification of identity and employment eligibility at the time of hire)

Have you filed an application for any other positions with the Town? If yes, please list positions: _____ ☐ Yes ☐ No

Were you, at any time, previously employed by the Town? If yes, indicate position held and department:_____ ☐ Yes ☐ No

Are you 18 years of age or older? (A work permit is required if you are under age 18) ☐ Yes ☐ No

Have you ever been convicted of any offense other than a minor traffic violation or juvenile offenses? If yes, explain nature of offense, dates, where and disposition. (Exclude any sealed or expunged convictions.)_____ ☐ Yes ☐ No

_____

(Note: Conviction is not necessarily disqualifying. The Town will consider the nature of the crime and its relationship to the job being applied for, information concerning rehabilitation and the amount of time elapsed since the conviction or release from custody.)

VETERAN AND MILITARY INFORMATION

Are you a Veteran of the US Armed Forces? ☐ Yes ☐ No

Branch _____ Date of Discharge:_____

EDUCATION

Circle # of Years Completed	Name & Location of School	Years Attended	Date Graduated	Subjects Studied/ Degree Awarded
High School 0 1 2 3 4 / GED				
College 1 2 3 4				
College 5 6 7 8				
Trade, Business or Correspondence School				

LICENSES AND/OR CERTIFICATIONS

Do you have a current Driver's License? ☐ Yes ☐ No If yes, issuing state_____

Do you have a current Commercial Driver's License? ☐ Yes ☐ No

If yes, issuing state_____ License Number_____

Do you have any professional licenses or certifications? ☐ Yes ☐ No If yes, please indicate:

License/Certification Type	State	Expiration Date	License/Certification Number

SKILLS AND QUALIFICATIONS

Do you have other training, internships, or armed forces training related to the job for which you are applying?

If yes, please indicate:

Training Name	Location	Dates Attended	Subject

REFERENCES

Name	Address/Phone	Business	Years Known

EMPLOYMENT HISTORY

List below all present and past employment. Begin with your most recent employment and work backwards consecutively. Resumes may be included only with a completed application. Please attach additional sheets, if necessary.

1. Position _____ Dates: From _____ (Month/Year) to _____ (Month/Year)

   Name of Employer _____ Phone: _____

   Address of Employer _____

   Name of Supervisor _____ Supervisor's Phone _____

   Salary: _____ hr / wk Reason for leaving: _____

   Job Responsibilities:

   May we contact for a reference? ☐ Yes ☐ No If no, please indicate reason _____

2. Position _____ Dates: From _____ (Month/Year) to _____ (Month/Year)

   Name of Employer _____ Phone: _____

   Address of Employer _____

   Name of Supervisor _____ Supervisor's Phone _____

   Salary: _____ hr / wk Reason for leaving: _____

   Job Responsibilities:

   May we contact for a reference? ☐ Yes ☐ No If no, please indicate reason _____

3. Position _____ Dates: From _____ (Month/Year) to _____ (Month/Year)

   Name of Employer _____ Phone: _____

   Address of Employer _____

   Name of Supervisor _____ Supervisor's Phone _____

   Salary: _____ hr / wk Reason for leaving: _____

   Job Responsibilties:

   May we contact for a reference? ☐ Yes ☐ No If no, please indicate reason _____

APPLICANT STATEMENT (*Read Carefully*)

This application is not a contract of employment between the Town, and any person, nor does it give any person the right to continue in the employment of the Town for any specified period of time. In the absence of a Union Contract, Written Contract, a Public Policy Violation, and/or a Civil Rights Violation, employment may be terminated with or without cause or notice at any time, at either my option or that of the Town of Brookfield.

All employees are employed-at-will. No management representative has any authority to enter in agreement, either oral or written, for continuing employment for any specified period of time, or for any particular term or condition of employment except the Chief Elected Official of the Town of Brookfield, and only if such agreement is made in writing and signed by the Chief Elected Official of the Town of Brookfield, subject to approval by the Board of Selectmen. All employees are subject to a defined probationary period, which may, at the Town's discretion or by mutual agreement with a Union, if applicable, be extended. During the probationary period, employment may be terminated without notice at any time and for any reason.

In the processing of this employment application, I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information that they might have, personal or otherwise, with regard to any of the subjects covered by this application; and I release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive and verify all information given in this application.

I understand that as a condition of my consideration for employment with the Town, I may be required to undergo a urinalysis drug test. I also understand that it is the Town's policy not to hire an applicant who receives a confirmed positive drug test result. The urinalysis will be performed by an authorized medical facility, which will interpret the drug test results. A positive result will be confirmed by a second test with the same sample. The results will be disclosed to the Town's Human Resources staff. I will be given a copy of any positive urinalysis drug test result. I have read and understand the above statement and voluntarily consent to undergo a urinalysis as a condition of my consideration for employment with the Town.

In the event that I am offered and accept employment with the Town, I will be asked to provide information certifying my employment eligibility in order to comply with requirements of the Immigration and Naturalization Service (INS). Employment is conditioned upon providing the required documentation in a timely manner.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that incomplete, false, inaccurate, or misleading information given in my application, interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided whether willingly or accidental, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

Signature:_____ Date:_____

Date Received:_____