

**TOWN OF BROOKFIELD**  
**Parks & Recreation Department, 162 Whisconier 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 legally-protected basis including race, color, age, gender, religion, national origin/ancestry, pregnancy status, disability, marital status, military/veteran status, sexual orientation, gender identity/expression and genetic information. The Town also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable 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  Yes  No

list positions: \_\_\_\_\_

Were you, at any time, previously employed by the Town? If yes, indicate position  Yes  No

held and department: \_\_\_\_\_

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

**VETERAN AND MILITARY INFORMATION**

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

Branch \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

	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 \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Responsibilities:  
  
May we contact for a reference?  Yes  No If no, please indicate reason \_\_\_\_\_

2. Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Responsibilities:  
  
May we contact for a reference?  Yes  No If no, please indicate reason \_\_\_\_\_

3. Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year  
Name of Employer \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Job Responsibilities:  
  
May we contact for a reference?  Yes  No If no, please indicate reason \_\_\_\_\_

**APPLICANT STATEMENT (Read Carefully)**

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 Brookfield (hereafter “the Town”) to employ me.

In the event I become employed, I understand and agree that unless I am covered by an applicable collective bargaining agreement or individual written contract (a) my employment is “at-will” and can be terminated with or without cause at any time for any lawful reason at the option of either the Town or myself; (b) no representations that may be made at the interview or during my employment are to be construed as creating any obligation, promise or contract on behalf of the Town that in any way would limit the Town’s right to terminate my employment “at-will” or guarantee my any specific term or condition of employment or compensation; and that (c) 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.

I understand that acceptance for employment shall depend on satisfactory replies from my references and satisfactory results from any other required background checks or pre-employment tests as may be required. I further understand that following any interview that I may be granted, I shall be required to provide information about my criminal record and that a criminal background search may be conducted and that any offer of employment shall be conditioned upon satisfactory results from the same.

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 conducted in accordance with the procedures required by applicable state and federal regulations and 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. 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 or as otherwise required by law. I will be given a copy of any positive urinalysis drug test result. 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. By signing below, I acknowledge that 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 if I am hired and paid a weekly salary rather than an hourly rate, my salary is intended to compensate me for all hours I work, including any hours in excess of 40 hours in a work week. I further understand and agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised.

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.

**I have read, understood, and agree to the foregoing.**

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

**Date Received:** \_\_\_\_\_