

**TOWN OF WASHINGTON, CONNECTICUT  
POST OFFICE BOX 383  
WASHINGTON DEPOT, CONNECTICUT 06794**

**Application for Employment**

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

**Position for which you are applying:** \_\_\_\_\_

The **TOWN OF WASHINGTON (The Town)** considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability 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.

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Name \_\_\_\_\_ Referred by \_\_\_\_\_

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Current Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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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

Are you willing to work overtime as necessary?  Yes  No

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

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.

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\*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 I-9 and submit supporting documents. ( ) Yes ( ) No

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

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

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

**Do you hold a Commercial Driver’s License:** \_\_\_\_ Yes \_\_\_\_ No

**Driver’s License #:** \_\_\_\_\_

**APPLICANTS ARE REQUESTED TO SUBMIT PROOF OF GOOD DRIVING RECORD, WHICH MAY BE OBTAINED THROUGH THE MOTOR VEHICLE DEPARTMENT.**

**I agree to allow the Town to check two years of prior employment relevant to a CDL for drug/alcohol random testing results ( ) Yes ( ) No**

**Do you have a valid Safe Boating Certificate issued by the Commissioner of Environmental Protection for the State of Connecticut ? ( ) Yes ( ) No**

**Military Service Record**

Do you serve or have you 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.

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**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)

Office & Computer skills ( ) List Programs and skill level (Beginner, Intermediate, Expert)

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Outdoor Equipment ( ) Skills or abilities that qualify you for work with the Town.

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**Professional References**

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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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**Personal 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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## **Acknowledgement Statement and Authorization Agreement**

By signing below, I acknowledge that I 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 Washington 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 my employment can be terminated at any time, by myself or for any grounds not prohibited by law.

**Drug-Free Workplace.** The Town of Washington 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 who are required to maintain a commercial driver's 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 Washington maintains a drug-free workplace. 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 policies, I will be disqualified from consideration. I further agree that if hired, I will be responsible for updating or informing the First Selectman of any change in criminal status. I further understand that additional background investigations may be conducted during the course of my employment.

### **Immigration Law Compliance (I-9 Compliance)**

The Town of Washington complies with the Immigration Reform and Control Act of 1986. The Town is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin. Former employees who are rehired must complete the I-9 form if they have not done so within the past two years, or if their previous I-9 is no longer retained or valid.

Town of Washington – Employment Application

**Employment Eligibility.** I understand that if hired by the Town of Washington, 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 Washington to withdraw its offer and terminate my employment.

**Non-Complete and Non-Disclosure.** If hired by the Town of Washington, 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 pre-employment physical examination and that such examination may be contracted and through independent contractors. I understand that information obtain from this examination will be kept confidential and disclosed only to supervisors, managers, or 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 Washington weighing possible accommodations and establishing the legality and business necessity of the physical requirement.

**Reference Check Authorization.** I agree to allow the Town of Washington 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 Washington.

**Expiration 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 photograph of this authorization may be used to perform background and criminal investigation in lieu of the original.

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

## EMPLOYEE ACKNOWLEDGEMENT FORM

I understand that this Employee Manual sets forth important information regarding guidelines and requirements governing employment with the Town of Washington. I have entered into my employment relationship with the Town voluntarily and acknowledge that, except for elected officials or employees and administrative officers hired or appointed pursuant to the Connecticut Statutes, there is no specified length of employment and I am an at-will employee unless so stated by individual contract.

I understand that my status as an at-will employee means that the Town may terminate the employment relationship at any time with or without cause.

I understand that the information, policies, guidelines, requirements and benefits described herein are necessarily subject to change and are applicable primarily to non-union employees. I understand that revisions to the manual may occur at any time. I understand that revised information may supersede, modify or eliminate existing policies at any time.

**I understand and acknowledge that this Manual is not a contract of or for employment. Nothing contained in this Manual or in any other item of correspondence, verbal statement or other writing shall be interpreted or construed to create a contract of employment or a guarantee or contract of continued employment. I understand and acknowledge that it is my responsibility to read and comply with the guidelines, requirements and any revisions that may be made to it. My signature confirms and acknowledges that I have received this Manual, will abide by its terms and that I understand and acknowledge that my employment by the Town of Washington is on an at-will basis.**

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

EMPLOYEE'S POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_