



**TOWN OF HAMDEN
CONNECTICUT**

EMPLOYMENT APPLICATION

Last Name:		First Name:	
Email Address:		Daytime Phone:	
Address:		Cell Phone:	
		Evening Phone:	
		Position Applied For:	

EMPLOYMENT APPLICATION GENERAL INSTRUCTIONS

1. Obtain a copy of the examination or position announcement at Town of Hamden, Personnel Department, or at an office of the Connecticut State Job Service. The announcement includes important information such as: minimum requirements for admission to the examination or position, the examination number, closing date for applications, and other job-related information. You may apply for ONLY one (1) examination or position per application.
2. Applications received or postmarked after the closing date will not be accepted.
3. Applications received for which there is no current examination or position announcement will NOT be accepted.
4. Type or print all information.
5. Give complete and accurate information about your training and experiences as they relate to the minimum requirements. Leaves of absence in excess of one (1) month during a year should not be claimed as work experience.
6. Keep this page for yourself.
7. Bring or send your application and any attached documents to the address below. Retain a copy of your application for your records.
8. Any future correspondence regarding this application should include your social security number or the position for which you applied.

**Personnel Department
Hamden Government Center
2750 Dixwell Avenue
Hamden, Connecticut 06518**

Test Information

Test may be written, oral, practical, performance or a combination thereof. Refer to the examination announcement to determine the type of examination used, the test subjects, and the weight of each part of the examination. Most examinations are given in the Hamden area. Some large test administrations are given at various locations throughout the state. Experience and training examinations do not require you to go to a test site. Your examination score will be based upon your background, as reported on this application or a supplemental questionnaire. If a questionnaire is used, it will be mailed to you. It is important that your application be detailed. When written, oral or performance tests are scheduled, you will be notified before the test date of the specific date, time and location. The last date by which the examination will be held is shown on the examination announcement. In the event of a delay, you will be notified.

Visually impaired or other disabled candidates may request special testing accommodations by attaching a separate page describing your specific needs.

A written notice of your test will be mailed to you. This will normally take four (4) to six (6) weeks after the examination is given. No test result will be given over the telephone.

Job Opportunities and Hiring

Information about job opportunities may be obtained by calling the Personnel Department at 203-287-7133 or visiting www.hamden.com.

Test results will show your overall score and rank, if applicable. All candidates with the same final earned rating (score plus veteran's points) on a particular test are placed in the same rank. Departments are generally given the top three (3) ranks for the first vacancy with an additional rank for each additional vacancy. Credit for veteran's points will require proof of veteran's status and/or current disabled veteran's status (DD214) and must be submitted at the time of application.

In accordance with the Federal Immigration & Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a three (3) month probationary period.

Keep this sheet for your records!

APPLICATION FOR EXAMINATION OR EMPLOYMENT

INSTRUCTIONS:

Type or print answers to ALL questions. Do not include more than ONE (1) examination number or position on each application. MAIL or BRING application to: Personnel Department, Hamden Government Center, 2750 Dixwell Avenue, Hamden, Connecticut 06518-3224. **(Only complete applications will be considered.)**

POSITION APPLIED FOR:				SOCIAL SECURITY NUMBER					
NAME (Last)			(First)			(M.I.)		SUFFIX (Jr., Dr.)	
ADDRESS (Number and Street)									
CITY				STATE			ZIP CODE (Last four digits are optional)		
AREA CODE HOME PHONE NUMBER			AREA CODE BUSINESS PHONE NUMBER / EXT.						
May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO			Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO			17 years old or younger, enter age: _____			
Indicate kind of position for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either									
Are you currently employed by the Town of Hamden? <input type="checkbox"/> YES <input type="checkbox"/> NO									
If town employee, give official Class Title				Is this a full-time position? <input type="checkbox"/> YES <input type="checkbox"/> NO			Major Department		
<p>EDUCATION: Have you graduated from high school or received a high school equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If "no", please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12</p>									
School	Name/Address	Dates Attended From / To		Credit Hours Completed	Degree Received/ Area of Study		Did You Graduate?		
COLLEGE OR UNIVERSITY									
BUSINESS OR TECHNICAL									
OTHER EDUCATION									
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (e.g., medical, nursing, engineering)									
Type(s)	Issued By	Date(s) Issued			Expiration Date(s)		Number(s)		
Do you speak, read, or write a language other than English? (This information is voluntary unless required by the examination or position announcement.) <input type="checkbox"/> YES <input type="checkbox"/> NO									

INSTRUCTIONS: Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, list ALL positions held which are necessary for determining your eligibility for employment as stated on the examination or position announcement. List ALL positions (titles) separately, even if with the same employer. Clearly describe the duties you personally performed. If additional space is required, attach an 8½ "x11" sheet of paper using the same format and include your social security number and examination or position for which you are applying. Continue the sequence for additional jobs listed. You MUST fill out this application completely even if a résumé is being attached.

FOR OFFICIAL USE ONLY	Official Job Title (Start with most recent job)		Company Name		Type of Business	
	Title of Immediate Supervisor		Department Where Assigned	Business Address/Phone Number		
	Employed From (Mo./Yr.)	To (Mo./Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ per	Hours per week (Full-time) (Part-time)	
	Number and Title of Employees Supervised by You			Reason for Leaving		
	Duties (Must be listed)					
	Official Job Title (Start with most recent job)		Company Name		Type of Business	
	Title of Immediate Supervisor		Department Where Assigned	Business Address/Phone Number		
	Employed From (Mo./Yr.)	To (Mo./Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ per	Hours per week (Full-time) (Part-time)	
	Number and Title of Employees Supervised by You			Reason for Leaving		
	Duties (Must be listed)					
	Official Job Title (Start with most recent job)		Company Name		Type of Business	
	Title of Immediate Supervisor		Department Where Assigned	Business Address/Phone Number		
	Employed From (Mo./Yr.)	To (Mo./Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ per	Hours per week (Full-time) (Part-time)	
	Number and Title of Employees Supervised by You			Reason for Leaving		
Duties (Must be listed)						

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Title of Immediate Supervisor			Department Where Assigned		Business Address/Phone Number
Employed From (Mo./Yr.)	To (Mo./Yr.)	Total (Yrs. Mos.)	Salary or Wage \$ per		Hours per week (Full-time) (Part-time)
Number and Title of Employees Supervised by You				Reason for Leaving	
Duties (Must be listed)					

May we contact your present employer? YES NO

CERTIFICATION

I certify that the statements made by me on this application and any attached page are true and complete to the best of my knowledge and are made in good faith. I understand that if I make any misstatement of fact I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulation. ALL statements made on this application and any attached page, including employment information, are subject to verification as a condition of employment.

SIGNATURE:

DATE:

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held.

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Other Qualifications

(Summarize special job-related skills and qualifications from employment or other experience.)

Specialized Skills

(Indicate software programs known and equipment operated.)

MS Word

MS Access

MacIntosh

Production/Mobile

Machinery (List):

Other (list):

MS Excel

Lotus 1-2-3

Internet

MS PowerPoint

WordPerfect

Calculator

State any additional information that you feel may be helpful to us in considering your application.

Criminal History

NOTICE: Section 31–51i of the Connecticut General Statutes, as amended, – Disclosure: An applicant is not required to disclose the existence of any arrest, criminal charge or conviction the records of which have been erased, pursuant to Section 46b–146, 54–760 or 54–142a of the Connecticut General Statutes; Criminal records subject to erasure pursuant to Section 46b–146, 54–760 or 54–142a of the Connecticut General Statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and, that any person whose criminal records have been erased pursuant to Section 46b–146, 54–760 or 54–142a of the Connecticut General Statutes, shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may swear under oath. (A conviction does not necessarily disqualify an applicant)

Have you ever been convicted under federal or state law of any felony; or, any Class A or Class B misdemeanor?

YES NO

NOTE TO APPLICANT: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for you have applied? (A description of the activities involved in such a job or occupation is attached.) YES NO

REFERENCES

1.

Name

Phone Number

Address

2.

Name

Phone Number

Address

PRE-EMPLOYMENT SCREENING – AUTHORIZATION AND RELEASE

Completion of the following information is voluntary. However, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Town of Hamden.

Applicant Name (Last, First, Middle)

Address (Number and Street)

City	State	Zip Code (Last 4 digits are optional)
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Area Code	Home Phone Number	Date of Birth (Month/Day/year)
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I, the undersigned, recognize and understand that signing this page constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Town of Hamden or its designee concerning my character, employment, or military service as may be deemed necessary for a determination of my suitability for employment with the Town of Hamden.

This authorization is executed with the full knowledge and understanding that the Town of Hamden will take reasonable measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Town of Hamden.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Town of Hamden not to employ me on account of compliance or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be effective and valid as the original. This authorization shall be valid for no longer than thirty (30) months from the date of my signature.

Signature of Applicant

Date Signed

DO NOT WRITE IN THIS AREA

FOR OFFICIAL USE ONLY

TOWN OF HAMDEN VETERANS PREFERENCE VERIFICATION FORM

INSTRUCTIONS:

Please complete and sign this form only if you are claiming veterans' preference and you have attached proper documentation. Type or print answers to ALL questions. Only complete applications will be considered.

NOTICE REGARDING VETERANS PREFERENCE

After October 1, 1987, a veteran's preference can be used only one (1) time and expires when the applicant is employed in a position for which he or she has claimed preference.

DOCUMENTATION, AS STATED BELOW, MUST BE SUBMITTED WITH THE EMPLOYMENT APPLICATION TO BE GIVEN VETERANS' PREFERENCE.

- **Veterans, Disabled Veterans and Spouses of Disabled Veterans** shall furnish Form DD-214 (military Discharge Papers) or its equivalent from the VA listing military status dates of service and discharge type.
- **Disabled Veterans** shall also furnish a document from the VA, DOD or Division of Veterans' Affairs certifying that the Veteran has a service-connected disability.
- **Spouses of Disabled Veterans** shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the DOD; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability.
- **Spouses of Persons on Active duty** shall furnish a document from the DOD or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of the application for employment.
- **Unmarried Widow or Widower of a Deceased Veteran** shall furnish a document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran, and shall furnish evidence of marriage and a statement that the spouse is not remarried.

Eligible applicants who meet the qualifications for this position shall be awarded Veteran's Preference points up to 10 points based upon the type of veteran status held according to the above guidelines.

TOWN OF HAMDEN VETERANS PREFERENCE VERIFICATION FORM

Are you claiming veteran's employment preference? Yes No

If the answer to the above question is "Yes", please answer the following questions:

Check the appropriate space below if you are claiming veterans' preference. **Documentation substantiating your claim must be furnished at the time of application.**

- A veteran who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- A veteran of any war who has served on active duty and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during periods of wartime defined by the Florida Legislature. Active duty for training is not allowable, or
- The unmarried surviving spouse of a disabled veteran (complete info below.)

Branch of Service

Date of Entry

Date of Discharge

Have you claimed and been employed through veterans' preference since October 1, 1987?

Yes No

If "yes", name of Employer: _____

I acknowledge that I have read and understood the rights expressed in this notice.

Applicant's Signature

Date



MAIL TO:
Hamden Government Center
Personnel Department
2750 Dixwell Avenue
Hamden, CT 06518

VOLUNTARY APPLICANT DATA SHEET

NAME	DATE OF APPLICATION
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The Town of Hamden is an equal opportunity employer committed to the policies and principles of affirmative action. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist us in assuring that our recruitment efforts are reaching all areas of the community. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. It will not be utilized in the hiring decision process. Failure to submit this data will not in any way effect your present or future employment.

1. ETHNIC BACKGROUND (Please check only one box)

- White (Not Hispanic origin - includes Indo-European, Pakistani and East Indian)
- Hispanic (Mexican, Puerto Rican, Cuban, Central, South American, Spanish)
- Black (Includes African, Jamaican, Trinidadian and West Indian)
- Asian/Pacific Islander (Far East, South East Asia, Indian Sub-Continent, Pacific Islands)
- American Indian/ Alaskan Native (persons who identify as Aleuts or Eskimos)
- Other _____

2. GENDER Male Female

3. DATE OF BIRTH _____ / _____ / _____
Month Day Year

4. Do you have a disability* that is covered under the Americans with Disabilities Act?

- YES NO

*Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by attaching a sheet detailing your specific needs or by contacting the: Town of Hamden, Personnel Department at 203- 287-7133 immediately upon submitting an application for an employment.

**Personnel Department
 Hamden Government Center
 2750 Dixwell Avenue
 Hamden, Connecticut 06518**