



**Town of Harwinton
Application for Employment
100 Bentley Drive, Harwinton, CT 06791**

The Town of Harwinton will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or expression, or any other legally protected status.

(PLEASE PRINT LEGIBLY)

Date _____ Position Applied For: _____

Referral Source: Advertisement Friend Relative Walk In Job Agency Other

Name _____
 LAST FIRST MIDDLE (PREVIOUS NAMES) EMAIL ADDRESS

Address _____
 NUMBER STREET CITY STATE ZIP CODE

Telephone _____ Cell _____ SS # ____/____/____ DL# _____ State _____

- If under 18 years old, can you provide proof of eligibility to work? No Yes
- Have you filed an application with the Town of Harwinton before? No Yes Date: _____
- Have you ever been employed by the Town of Harwinton before? No Yes Date: _____
- Are you related to anyone currently employed by the Town of Harwinton? No Yes Date: _____
- Are you currently employed? No Yes
- May we contact your present employer? No Yes
- Are you prevented from lawfully being employed in this country due to Visa or Immigration Status? No Yes

(Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? _____

Are you interested in working: Full Time Part Time Shift Work Temporary Seasonal

Are you on a lay-off and subject to recall? No Yes

Are you willing to travel if a job requires it? No Yes

-- The Town of Harwinton is an Equal Opportunity Employer --

EDUCATION & TRAINING

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:

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.)*

Additional Information

SPECIALIZED SKILLS [Check skills you possess and list equipment you can operate]	
Computer / (Type)	Machinery & Equipment / (Type)
<input type="checkbox"/> Word Processing / _____	<input type="checkbox"/> Backhoe / _____
<input type="checkbox"/> Spreadsheets / _____	<input type="checkbox"/> Road Grader / _____
<input type="checkbox"/> Database / _____	<input type="checkbox"/> Welder / _____
	<input type="checkbox"/> EMT / _____
Other	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other / _____

Are you fluent or conversant in any languages other than English? Yes ___ No ___. If yes what languages.

Please state any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied?
 Yes No

References

1.	_____ (Name)	() _____ (Phone Number)
	_____ (Address)	
2.	_____ (Name)	() _____ (Phone Number)
	_____ (Address)	
3.	_____ (Name)	() _____ (Phone Number)
	_____ (Address)	

Employment History

Start with your present or last job and go back ten years. Include military service assignments and volunteer positions. Do not leave any positions out. Use extra sheets if necessary.

1	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

2	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

3	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

4	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

Applicant's Statement:

I certify that the answers given here are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I also understand that if I am employed by the Town of Harwinton, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the Town of Harwinton

Signature of Applicant _____ **Date** _____

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EMPLOYMENT AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the release of all records, or any part thereof, concerning myself whether said records are of public, private, or confidential in nature, by and to a duly authorized agent of the Town of Harwinton.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities, civilian, military and law enforcement agencies, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and personal property tax statements and records, wherever filed, records of complaints, arrests, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me, where-so-ever located, and to include the record and recollection of attorneys-at-law or of other counsel, whether representing me or other person in any case in which I presently have or have had an interest.

This release is executed with full knowledge and understanding that the information is for use by the Town of Harwinton. I hereby release and authorize any representative of any private, local, state, or federal office or agency and/or custodian of such records including its officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Consent is granted for the Town of Harwinton to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Town of Harwinton pursuant to this request, as well as any information contained in the background investigation report prepared by the Town of Harwinton.

I hereby release the Town of Harwinton, you, your organization, and all related agents and representatives, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to validity of this release, you may contact me as indicated below.

Applicant's Full Name: _____ DOB: _____
(Signature)

Applicant's Full Name: _____ Date: _____
(Print Name)

Current Address: _____

Phone Number: _____

Social Security Number: _____

Witness: _____

DRUG SCREENING CONSENT FORM

I, _____, hereby consent to a drug test in order to qualify for employment with Town of Harwinton. I understand that Town of Harwinton screens all employees for controlled substances before commencement of employment.

I also understand that Town of Harwinton may test me during my employment if reasonable suspicion of drug use exists.

I further understand that my employment or prospective employment with Town of Harwinton may be affected should a positive drug result occur and that a positive result may be used as a basis to disqualify me for employment with Town of Harwinton.

I am not waiving my right to contest the accuracy of the result of said drug test, and, should a positive test occur, I understand that I have the right to receive a copy of said result. I further understand that in the case of an initial positive drug test, a second test must be performed utilizing a gas chromatography and mass spectrometry methodology or a methodology which has been determined by the Commissioner of Public Health to be as reliable or more reliable than the gas chromatography and mass spectrometry methodology.

I understand that any information concerning the results of the drug test conducted by Town of Harwinton shall be confidential and shall not be released to anyone except necessary managerial and supervisory personnel.

I have read the foregoing and understand and agree to it. I am signing this Consent Form of my own free will without coercion or duress.

Dated this _____ day of _____, 20__.

Witness

Job Applicant's Printed Name

Job Applicant's Signature