



# Town of Glastonbury Connecticut

SUBMIT TO:  
Town of Glastonbury  
Customer Service Center  
customerservicecenter@glastonbury-ct.gov

## EMPLOYMENT APPLICATION

The Town of Glastonbury is an Equal Employment Opportunity (EEO) employer. Discrimination is prohibited against applicants on the basis of age, race, color, religious creed, sex, gender identity or expression, sexual orientation, marital status, national origin, ancestry, genetic information, status as a veteran, present or past history of mental disorder, or intellectual, learning, or physical disability. The Town will make reasonable accommodations for individuals with disabilities provided that the accommodation does not impose an undue hardship on the Town.

### INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. **It must be completed in full even if resumes or other supporting materials are attached.** Please answer all questions fully and accurately. Make your statements brief, but do not omit important information which may have relevance to the position. **Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive.**

Please type or complete in ink. **Email address is required**

<b>Section 1: Exact Title of Position Applying For (A separate application is required for each position)</b>			
<b>Section 2: Personal Information</b>			
Title	First Name	Middle Initial	Last Name
E-mail Address:			
Mailing Address		City, State	Zip Code
Phone Number: _____		Secondary Phone Number (if applicable): _____	
May we contact you at your work number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you either a U. S. Citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Must provide documentation, if hired.			
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this position?			
<input type="checkbox"/> Town of Glastonbury Website <input type="checkbox"/> Other Web Listing _____			
<input type="checkbox"/> Newspaper _____			
<input type="checkbox"/> Other _____			

NAME \_\_\_\_\_

**Section 3: Military Record (Provide a copy of your DD 214, if applicable)**

Branch of Service	Dates Served	Type of Duty
-------------------	--------------	--------------

Special Training Received:

**Section 4: Education**

Select highest grade completed  9  10  11  12  High School Equivalency

College:  Associate  Bachelor's  Master's  Doctorate

Name of School and Location	From (Mo/Yr)	To (Mo/Yr)	Major Subject	Degree Received

**Section 5: Licensure/Certifications and Skills**

A. List all professional licenses or certifications you hold and training you have completed that are required for this position:

B. List any additional certifications, licenses, or training you have completed that may relevant or beneficial to this position:

C. Please complete if applicable. I am proficient in the following skills:

MS Office Suite  Adobe Suite  Other \_\_\_\_\_

NAME \_\_\_\_\_

**Section 6: List all employment including self-employment, summer, part-time, and full-time military service. You may also include any work performed on a volunteer basis. Start with the present or most recent employer.**

Are you willing to have your present employer contacted regarding your qualifications and work performance?  Yes  No - please explain: \_\_\_\_\_

Most Recent/Current Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Dates of Employment:  
Start date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Job Title \_\_\_\_\_  
 Full Time  Part Time \_\_\_\_\_ hours per week

Supervisor name and phone number

Reason for Leaving or Seeking New Employment

Description of Duties

Most Recent/Current Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Dates of Employment:  
Start date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Job Title \_\_\_\_\_  
 Full Time  Part Time \_\_\_\_\_ hours per week

Supervisor name and phone number

Reason for Leaving

Description of Duties

Most Recent/Current Employer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Dates of Employment:  
Start date: \_\_\_\_\_  
End Date: \_\_\_\_\_

Job Title \_\_\_\_\_  
 Full Time  Part Time \_\_\_\_\_ hours per week

Supervisor name and phone number:

Reason for Leaving:

NAME \_\_\_\_\_

Description of Duties	
Most Recent/Current Employer: Name _____ Address _____ _____ Phone _____ Dates of Employment: Start date: _____ End Date: _____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Reason for Leaving
Description of Duties	

**Section 7: References**

List four references, specifying if they are personal or professional for each person. Do NOT list relatives or supervisors previously named in the Employment Section.

Full Name	Phone	Email

**Section 8: Use this space for any additional information, or for continuation of answers to previous questions. Refer to questions by section number.**

**Section 9: Certification. Please read the following and sign where indicated.**

A. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand that non-compliance with this certification will result in rejection of my application or, if I am already employed, immediate discharge from employment.

B. In the event that I am employed by this town, I agree to comply with all of its orders, rules and regulations. The Town of Glastonbury makes no guarantee of continued employment. Only the Town Council and Town Manager may enter into an employment contract and then, only in a written agreement signed by all parties.

C. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

D. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Failure to pass the test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the Town's Drug and Alcohol Testing Program.

I hereby acknowledge that I have read the above statements and understand them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name