

AN EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR EMPLOYMENT
TOWN OF CANTON

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

Four Market Street – P.O. Box 168

Canton, Connecticut 06022-0168

Please complete in printing, ink or typewriter.

REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE.*

Date of Application	Position Applied For
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PERSONAL INFORMATION

Name (Last, First, Middle)	Address	
Home Telephone Number		
Work Telephone Number	Social Security Number (Police Applicants ONLY)	
May we contact you at work?		
Date of Birth (Police Applicants ONLY)	Are you legally authorized to work in the United States?	If required for job applied for, do you possess valid driver's license?
Are you over the age of eighteen? If not, your hire will be subject to verification of minimum legal age.	Were you previously employed by the Town? If so, where and when?	
If your application is considered favorably, on what date will you be available for work?	Do you claim preference based on active duty in U.S. Armed Forces? _____ If so, please attach D-214 to application.	

CRIMINAL HISTORY: Please note that applicants are **not** required to disclose any arrest, criminal charge or conviction that has been erased in accordance with Connecticut General Statutes §46b-146, §54-76o or §54-142a, as amended. Pursuant to CGSA §46b-146, §54-76o or §54-142a, criminal records subject to erasure are those pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased under these provisions shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceedings so erased and may so swear under oath.

Have you ever been convicted of any offenses other than minor traffic violations? _____ If yes, please explain.

The Town will consider the nature of the crime and its relationship to the job applied for, information concerning rehabilitation and the amount of time elapsed since the conviction or release from custody.

State Law prohibits job discrimination on the basis of learning disability or physical disability unless they are bona fide occupational qualifications.

Do you require a reasonable accommodation to take an employment test for this position opening? _____

Pursuant to the Civil Rights Act of 1964, discrimination in employment based upon race, color, religion, sex or national origin is prohibited. Federal law prohibits other forms of discrimination including but not limited to age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. Most state and local laws prohibit some or all of these types of discrimination as well as other types including but not limited to discrimination based on ancestry, marital status, parental status, sexual orientation or source(s) of income. Restrictions with respect to credit data are imposed by the Fair Credit Reporting Act. This list is not intended to represent a complete list of prohibited forms of discrimination. The Town of Canton is an Equal Opportunity Employer.

EMPLOYMENT HISTORY

***RESUME MAY BE INCLUDED WITH APPLICATION ; HOWEVER, REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE IN THIS SECTION.**

Describe under the headings given your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed.

Name, Address and Telephone of Employer May we contact?	Start Date	End Date	Regular Salary	Hours Per Week
	Reason(s) for leaving		Name of Immediate Supervisor	
Job Title				
Description of Duties				

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Job Title				
Description of Duties				

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER, ATTACH SUCH SHEET AT TOP OF PAGE.

Unless otherwise noted, you hereby grant permission to contact the employers listed above concerning your work experience(s).
If you have used a different name(s) with past employers, please provide such names in order that your employment history and educational background may be adequately verified.

SPECIAL SKILLS OR ABILITIES (OPTIONAL)

RECORD OF EDUCATION

***RESUME MAY BE INCLUDED WITH APPLICATION ; HOWEVER, REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE IN THIS SECTION.**

SCHOOL	SCHOOL NAME AND ADDRESS	COURSE/MAJOR	DEGREE OR CERT. RECEIVED
ELEMENTARY		X	X
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

If you have a high school equivalency certificate, give place certificate was granted:

Other training (special courses, work training programs, armed forces training). Give name and location training was given, certificate (if any), subject of training, number of hours weekly and other details related to the job for which you are applying:

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME and OCCUPATION	ADDRESS	PHONE NUMBER

PLEASE READ AND SIGN

CERTIFICATION : I certify that all statements made 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, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I also give consent for you to check with previous employers and personal references and release the Town, previous employ ees and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I understand that acceptance of this form does not constitute an employment agreement and that any employment resulting from this application is terminable at will. I also understand that I must successfully pass any required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug screening test, if required. My signature below acknowledges that I have read this statement and understand it.

_____ Date

_____ SIGNATURE OF APPLICANT

**TOWN OF CANTON
AFFIRMATIVE ACTION QUESTIONNAIRE**

INSTRUCTIONS: The completion of this form is voluntary. However, the information is needed for compliance with governmental selection requirements and for EEO reports. The information on it will not be considered in the employment process.

Position Applied For: _____

AGE (Please check one)

- 16 or less 17 to 25 26 to 40 41 to 65
 66 to older

GENDER

- Male Female

ETHNICAL RACIAL STATUS (Please check one only)

- White Black Hispanic Asian/ Pacific Islander Other Veteran
 American Indian/ Alaskan Native Disabled Veteran Vietnam Era Veteran

HOW DID YOU HEAR ABOUT THIS JOB?

- Hartford Courant
 Foothills Trader
 Yankee Flyer
 Canton Website
 Register Citizen
 Professional Journal
 A Current Canton Employee
 Colleague
 Other _____

I certify that the above information is true and correct.

Name _____ Date _____

Address _____ City _____ State _____

Signature _____

AFFIRMATIVE ACTION

The Town of Canton, in compliand with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1973, takes affirmative action to employ and advance in employment qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job with or without accommodation? Yes No

If you are disabled, are there any accomodations needed to participate in the application process or accomodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accomodations?

Yes No If "Yes", please explain in the space provided below.

FOR OFFICIAL USE ONLY – DO NOT WRITE ON THIS PAGE

INTERVIEWER	DATE	COMMENTS

TESTS ADMINSTERED	Date	Raw Score	Rating	COMMENTS

Reference Name	Reference Check Results

Date of Call	Time of Call	Call Notes