

TOWN OF BLOOMFIELD

Department of Human Resources
 800 Bloomfield Ave. Bloomfield, CT 06002
 (860) 769-3544

<u>HR Use Only</u> REC'D _____ RES. _____ C.L. _____ DRV. _____

Application for Employment

The Town of Bloomfield is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants for employment. The Town does not discriminate on the basis of race, color, sex, age, religion, marital status, national origin, ancestry, veteran status, sexual orientation, gender identity or expression, or disability as defined by law. The Town will make reasonable accommodations for individuals with disabilities. **Please contact the Human Resources Department if accommodation is needed to complete this application process.** Qualified persons with a disability may request special testing accommodation by contacting Cindy Coville, ADA Coordinator, at (860)769-3538, or at ccoville@bloomfieldct.org

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.** The Town cannot assume responsibility for the confidentiality of information provided in an employment application.

(PLEASE TYPE OR PRINT CLEARLY)

Title of Position Applying for (A separate application is required for each position)		
Position	Date of Application	
Are you able to perform the essential functions of this job with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Personal Information		
Last Name	First Name	Middle Initial
Residential Address	City, State	Zip Code
E-mail Address:	Home Phone:	Cell Phone:
Are you a U.S. Citizen or an alien authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, must provide documentation.		
Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, when will you turn 18 years of age? _____		
Date available for work: Month _____ Day _____ Year _____		
Are you related to any Town of Bloomfield employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, employee's name _____ Relationship _____		
Have you ever been fired or asked to resign from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain (use separate sheet if necessary)		

Military Record: Have you ever served in the United States Military? Yes No (If yes, you must provide a copy of your DD 214 to receive veterans credit)

Record of Education

Select highest grade completed

9 10 11 12 High School Equivalency/GED College: AA BS/BA MS/MA Doctorate
 List High School, Colleges, Universities, Business or Trade Schools you attended which apply to the position.

Name of School and Location	From (Mo/Yr)	To (Mo/Yr)	Course of Study	Did you graduate?	List Diploma or Degree

Licenses/Certifications and Skills

If you are applying for a position which requires the driving of any motor vehicle, please answer the following questions: (Please provide a copy of your license.)

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	State _____
Class _____	Endorsements _____

Computer Skills:

MS Word Excel Power Point Others _____

Are there any other experiences, skills or qualifications that will be of benefit in the job for which you are applying?

Employment History/Experience

Begin with your present or most recent employment and work backward consecutively accounting for all time since school. If you held several different positions with the same employer, list separately. If you need more space, use additional forms or a sheet of plain white paper. **Duties:** Describe the nature of the work personally performed by you.

Most recent/Current Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> hours per week _____ Supervisor Name & Title _____ May we contact? Yes <input type="checkbox"/> Telephone (____) _____ or No <input type="checkbox"/> Starting Hourly/Annual Wage \$ _____ Final Hourly/Annual Wage \$ _____
Number of regular employees directly reporting to you _____	Reason for Leaving _____
Description of Duties - must be completed in full even if resumes or other supporting materials are attached	
Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> hours per week _____ Supervisor Name & Title _____ May we contact? Yes <input type="checkbox"/> Telephone (____) _____ or No <input type="checkbox"/> Starting Hourly/Annual Wage \$ _____ Final Hourly/Annual Wage \$ _____
Number of regular employees directly reporting to you _____	Reason for Leaving _____
Description of Duties- must be completed in full even if resumes or other supporting materials are attached	
Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> hours per week _____ Supervisor Name & Title _____ May we contact? Yes <input type="checkbox"/> Telephone (____) _____ or No <input type="checkbox"/> Starting Hourly/Annual Wage \$ _____ Final Hourly/Annual Wage \$ _____
Number of regular employees directly reporting to you _____	Reason for Leaving _____
Description of Duties - must be completed in full even if resumes or other supporting materials are attached	

Employer Name & Address	Job Title _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> hours per week _____
	Supervisor Name & Title _____ May we contact? Yes <input type="checkbox"/> Telephone (____) _____ or No <input type="checkbox"/>
Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Starting Hourly/Annual Wage \$ _____ Final Hourly/Annual Wage \$ _____
Number of regular employees directly reporting to you _____.	Reason for Leaving _____

Description of Duties- must be completed in full even if resumes or other supporting materials are attached

Certification

- I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that the misrepresentation, omission or falsification of any information on this application is grounds for denial of employment or termination from employment if employment has already commenced.
1. I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the application process.
 2. I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my employment or personal history.
 3. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
 4. The acceptance of this application or the granting of an interview does not constitute an offer of employment or an employment agreement of any kind. In the event I am employed by the Town, I understand that the terms and conditions of my employment will be governed by the orders, rules, regulations and/or collective bargaining agreement.
 5. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at the time of appointment.
 6. Applicants are subject to pre-employment drug testing pursuant to Connecticut General Statutes 31.5v. A positive test result is grounds for denial of employment or the withdrawal of any offer of employment. Individuals who are employed in positions designed as safety sensitive/high risk, or in positions requiring Commercial Driver's Licenses will be subject to random testing pursuant to state and federal law.

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

Signature _____ Date _____

Print Name _____



TOWN OF BLOOMFIELD

Council-Manager Government Since 1941

Department of Human Resources
800 Bloomfield Avenue
Bloomfield, CT 06002
(860) 769-3544

APPLICANT DATA FORM

POSITION APPLIED FOR: _____

In order to meet State and Federal reporting requirements, we are requesting that you **voluntarily** supply the following information. This data will not be used for discriminatory purpose and will not be considered in the evaluation of your application.

A. Sex: FEMALE MALE

B. RACE / ETHNIC DATA:

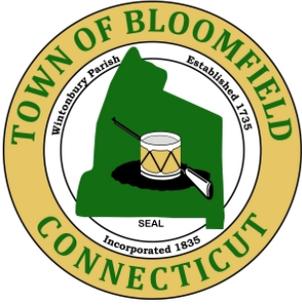
- Black (not Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- Hispanic: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- White (not Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native: Persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, and Samoa.

C. PRIMARY SOURCE OF JOB INFORMATION:

Where did you learn about this examination or employment opportunity?
Check appropriate box.

- An examination announcement
- A Job Service Office
- Community Organization. Please Specify: _____
- Ad placed in a professional journal or newspaper. Please Specify:

- Radio or T.V. Announcement. What Station? _____
- A present Town Employee
- Other. Please Specify: _____



TOWN OF BLOOMFIELD

Council-Manager Government Since 1941

Bloomfield residents may receive 5 additional points after a candidate passes an open competitive examination - if the RESIDENCY AFFIDAVIT is complete and approved by the Town of Bloomfield Human Resources Department.

Bloomfield residency is NOT a requirement for this Town position.

TOWN OF BLOOMFIELD – RESIDENCY AFFIDAVIT

In order to qualify for residency, the Town of Bloomfield requires that you provide irrefutable evidence that you are currently a resident in the Town of Bloomfield.

You are required to complete and submit this form AND you must also attach proof of residency. This information will be subject to verification during the background investigation.

THE APPLICANT BEARS THE BURDEN OF SHOWING LEGAL RESIDENCY. ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION OR DISMISSAL.

Position Applied For: _____

Name of Applicant: _____
(Please Print)

- I have provided a copy of the following utility bill(s)/voter registration
- Land-line Telephone – Cell phone bills are not acceptable
 - Electric/Gas
 - Cable
 - Water
 - Voter registration

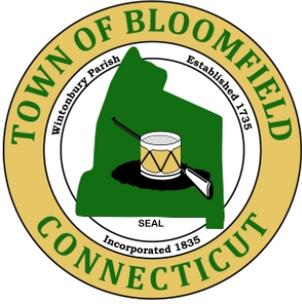
Signature of Applicant

Date

This entire application must be completed, signed and proof attached. **It must be submitted with your Application for Employment to:**

Human Resources Department
Town of Bloomfield
800 Bloomfield Avenue
Bloomfield, CT 06002

Note: Residency points are applicable to new hires only



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VETERAN'S PREFERENCE POINTS

VETERAN'S PREFERENCE

Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veteran's credit. Time of war periods include: 12/7/1941 to 12/31/1947; 6/27/50 to 1/31/55; 7/1/58 to 11/1/58; 2/28/61 to 7/1/75; 9/29/82 to 3/30/84; 10/25/83 to 12/15/83; 2/1/87 to 7/23/87; 12/20/89 to 1/31/90; and 8/2/90 to the present. "Service in time of war" means service of ninety or more cumulative days except if the war, campaign or other operation lasted less than ninety days in which case, it means service for the entire period of the war.

Veteran's points are only added after a candidate passes an open competitive examination.

Do you claim Veteran's Preference (5 points)? If yes, check one of the following:

- A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veteran's Administration. (Documents: 1)
- B. As a spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veteran's Administration and, who by reason of such veteran's disability is unable to pursue gainful employment. (Documents: 2, 3 and 4)
- C. As an unmarried surviving spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veteran's Administration. (Documents: 2, 3, 5, 6)

You may also be eligible for Veteran's Preference (5 points), if:

- A. You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal. (Documents: 1)

Do you claim Disabled Veteran's Preference (10 points)? If yes, check one of the following:

- A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veteran's Administration. (Documents: 1, 7)
- B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veteran's Administration, and who is unable to pursue gainful employment due to the veteran's disability. (Documents: 2, 3, 4, 7)
- C. As an unmarried surviving spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veteran's Administration. (Documents: 2, 5, 6, 8)

Documentation Required. Please refer to the “Documentation Required” listed after each category above to determine the specific documentation you are required to submit in order to be eligible to receive Veteran’s preference points if you pass an open competitive examination.

1. DD214 – Member-4 copy for self showing: honorable discharge or release under honorable conditions from active service in the armed forces dates of entry into and separation of service, and campaign badge or expeditionary medal earned (if applicable).
2. DD214 – Member-4 copy for spouse showing honorable discharge or release under honorable conditions from active service in the armed forces dates of entry into and separation of service.
3. Marriage Certificate.
4. Statement from spouse’s physician certifying that s/he is unable to pursue gainful employment because of disability.
5. Death certificate for spouse or official notice of his/her death if it occurred in the line of duty.
6. Statements from two disinterested persons that widow/widower has not remarried.
7. Statement from Veteran’s Administration dated within the past six months certifying that the veteran is currently eligible for compensation or pension benefits.
8. Statement from Veteran’s Administration certifying that the veteran was eligible to receive disability compensation or pension benefits at the time of his/her death.

Check if you are claiming Veteran’s Preference:

Proof attached to this application

Name:

Address:

Address:

Signature:

This entire application must be completed, signed and have proof attached. **It must be submitted with your Application for Employment to:**

Human Resources Department
Town of Bloomfield
800 Bloomfield Avenue
Bloomfield, CT 06002

An applicant CANNOT receive points for both Veteran’s Preference AND Disabled Veteran’s Preference.