

# Town of Ashford

*Established 1714*

## **EMPLOYMENT APPLICATION INSTRUCTION SHEET**

1. Please print or type all information. This is a three-page application with a one-page Equal Employment Opportunity Questionnaire. If additional space is required, please attach a separate sheet using the same format.
2. Applications received or postmarked after the closing date and time will not be considered.
3. Give complete and accurate information about your education, training, and experience as it relates to the minimum requirements of the position you are applying for.
4. Fill out this application completely even if a resume is attached. Be sure to include the month and year that positions began and ended, and the salary or wage.
5. For supervisory experience, list the number and level of employees that you supervised. Supervision is defined as the authority to hire, approve vacation time, and perform employee evaluations.

**Please return completed applications to the Selectmen's Office, Town of Ashford, 5 Town Hall Road, Ashford, CT 06278**

**5 Town Hall Road, Ashford, Connecticut 06278**

Phone: (860) 487-4400 Fax: (860) 487-4430

The Town of Ashford is an equal opportunity provider and employer

**TOWN OF ASHFORD  
APPLICATION FOR EMPLOYMENT**

**DATE OF APPLICATION:** \_\_\_\_\_

**In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical conditions or handicaps.**

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**Name** \_\_\_\_\_ **Position Applied For** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Social Security Number :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Type (Class):** \_\_\_\_\_ **CDL: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

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Have you filed an application or been employed by the Town of Ashford in the past?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, do you have an Alien Registration Card? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you available to work: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

Do you claim veteran's preference? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, a form DD214 must be submitted with your application.

Are you over the age of 21? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If not, list your date of birth. \_\_\_\_\_ This information is needed for certain licensing and Labor Department requirements.

Have you every been convicted of a law violation other than a traffic offense?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

**EDUCATION: Have you graduated from high school or received an equivalency diploma? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**TECHNICAL OR BUSINESS SCHOOL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**COLLEGE OR UNIVERSITY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Did you earn a degree? \_\_\_\_\_

**OTHER EDUCATION, TRAINING, AND COMPUTER SKILLS**

\_\_\_\_\_

\_\_\_\_\_

Please list trade or professional organizations of which you are a member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills that may be of benefit in the job for which you are applying? An occupational license, CDL, Engineering, Plant Operations or speak a language other than English? Computer skills?

**EMPLOYMENT HISTORY (List most current employment first)**

OFFICIAL JOB TITLE

COMPANY NAME

TYPE OF BUSINESS

NAME AND TITLE OF IMMEDIATE SUPERVISOR

BUSINESS ADDRESS/PHONE NUMBER

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DATES OF EMPLOYMENT

SALARY/HOURLY WAGE

#HOURS WORKED PER WEEK

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DUTIES

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REASON FOR LEAVING

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OFFICIAL JOB TITLE

COMPANY NAME

TYPE OF BUSINESS

---

NAME AND TITLE OF IMMEDIATE SUPERVISOR

BUSINESS ADDRESS/PHONE NUMBER

---

DATES OF EMPLOYMENT

SALARY/HOURLY WAGE

#HOURS WORKED PER WEEK

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DUTIES

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REASON FOR LEAVING

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OFFICIAL JOB TITLE

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BUSINESS ADDRESS/PHONE NUMBER

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DATES OF EMPLOYMENT

SALARY/HOURLY WAGE

#HOURS WORKED PER WEEK

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DUTIES

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REASON FOR LEAVING

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**PERSONAL REFERENCES**

NAME

ADDRESS

PHONE NUMBER

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**Any other information that you think may be pertinent to your application for employment:**

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**I certify that the answers given herein are true and complete to the best of my knowledge.**

**I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Ashford.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**TOWN OF ASHFORD  
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

**INSTRUCTIONS:** each applicant for employment with the TOWN OF ASHFORD is requested to provide the following information to be used exclusively for statistical research purposes. Submission of this information is voluntary.

**1. ETHNIC/RACIAL STATUS**

- |   |  |
|---|--|
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> White, of Hispanic origin |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other                     |

**2. HANDICAPPED STATUS**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

**3. MARITAL STATUS**

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Single, never been married | <input type="checkbox"/> Married  |
| <input type="checkbox"/> Widowed                    | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated                  |                                   |

**4. SEX**

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

**5. AGE**

- |  |  |
|--|--|
| <input type="checkbox"/> age 16 or younger | <input type="checkbox"/> age 50 to 59    |
| <input type="checkbox"/> age 17 to 29      | <input type="checkbox"/> age 60 to 65    |
| <input type="checkbox"/> age 30 to 39      | <input type="checkbox"/> age 66 or older |
| <input type="checkbox"/> age 40 to 49      |  |

**6. TYPE OF WORK DESIRED**

- Officials/Administrator (managerial or department head level)
- Professional (assistant department head, controller, engineer, etc.)
- Technical (park or road foreman, building supervisor, animal control)
- Paraprofessional (recreation specialist, assistant building official, etc.)
- Administrative Support (secretary, assessment technician, etc.)
- Protective Services (Police Officer, Firefighter, etc.)
- Skilled Craft (equipment operator, driver, maintainer, mechanic, mason)
- Service/Maintenance (custodian, park maintainer, laborer, etc.)

**7. HOW DID YOU HEAR OF THIS VACANCY?**

- |  |  |
|--|--|
| <input type="checkbox"/> The Hartford Courant          | <input type="checkbox"/> Journal Enquirer    |
| <input type="checkbox"/> national professional journal | <input type="checkbox"/> town bulletin board |
| <input type="checkbox"/> current employee              | <input type="checkbox"/> employment agency   |
| <input type="checkbox"/> other (please specify): _____ |  |

**I, \_\_\_\_\_ (signature), certify that the above responses are true and correct, dated this \_\_\_\_ th day of \_\_\_\_\_, 200\_\_.**

**Name/Address \_\_\_\_\_**