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
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.

Name __________________ Position Applied For __________________

Address ______________________________________________

Telephone (Home) ____________________ (Work) ____________________

Social Security Number : ______-____-_____

Driver’s License Number: ____________________ State: _______

Type (Class): _______ CDL: YES_____ NO_____

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_____

3/1/2013
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)

<table>
<thead>
<tr>
<th>OFFICIAL JOB TITLE</th>
<th>COMPANY NAME</th>
<th>TYPE OF BUSINESS</th>
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<tbody>
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3/1/2013
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

DUTIES

REASON FOR LEAVING

3/1/2013
PERSONAL REFERENCES

NAME      ADDRESS     PHONE NUMBER

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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

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

3/1/2013
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
   _____ White/Caucasian  _____ White, of Hispanic origin
   _____ Black/African-American  _____ Asian or Pacific Islander
   _____ Native American Indian  _____ Other

2. HANDICAPPED STATUS
   _____ YES  _____ NO

3. MARITAL STATUS
   _____ Single, never been married  _____ Married
   _____ Widowed  _____ Divorced
   _____ Separated

4. SEX
   _____ Female  _____ Male

5. AGE
   _____ age 16 or younger  _____ age 50 to 59
   _____ age 17 to 29  _____ age 60 to 65
   _____ age 30 to 39  _____ age 66 or older
   _____ 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 (recruitment 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?
   _____ The Hartford Courant  _____ Journal Enquirer
   _____ national professional journal  _____ town bulletin board
   _____ current employee  _____ employment agency
   _____ other (please specify): ____________________________________________

I, __________________________(signature), certify that the above responses are true and correct, dated this ___ th day of ________________, 200__.

Name/Address _____________________________________________

3/1/2013