



**TOWN OF ROCKY HILL**  
**Department of Human Resources**  
**761 Old Main Street, Rocky Hill, CT 06067**  
**P: (860) 258-7651 F: (860) 257-1109**  
[www.rockyhillct.gov](http://www.rockyhillct.gov)

(Rev. 09/29/2021)

**APPLICATION FOR EMPLOYMENT  
 FOR INTERNAL APPLICANTS ONLY**  
 This application must be completed in full and signed.

**INSTRUCTIONS**

If you are currently an employee seeking a transfer or promotion, this application should be completed in full. Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions carefully. A separate application form must be submitted for each position you are applying for. Applications are only accepted for currently posted positions.

The Town of Rocky Hill is an Equal Employment Opportunity employer and complies with the Americans' with Disabilities Act.

**GENERAL INFORMATION**

First Name:		Last Name:		Middle:		Suffix:					
Address:				City:		State:		Zip Code:			
Phone Number:				Email Address:							
Current Position:			Department:			Current Bargaining Unit (if any):					
Position Applying For:											
Are you a U.S. citizen or legally eligible to work in the United States?						Check One:		YES		NO	
Do you currently have a valid Motor Vehicle Driver's License?						Check One:		YES		NO	
State:		License #		If Commercial (CDL), please list class:			If you have endorsements, please list type:				
Please explain your reason for application.											

**MILITARY RECORD**

Have you served in the military?                      Check One:            YES            NO

Branch of Service:	Dates Served:	Type of Duty:
Special Training Received:		

**APPLICANT EDUCATION**

Select highest grade completed:            9            10            11            12            High School Equivalency

College:            Certificate            Associate            Bachelor's            Master's            Doctorate

Name of School and Location	Major Subject	Degree Received

**REQUIRED LICENSES, CERTIFICATIONS, AND OTHER**

List all professional license(s) or certification(s) you currently hold which authorize you to practice a profession or trade.

Type of License	Issued By:	License #	Expiration Date

**APPLICANT QUESTIONS**

Please explain any and all technical, mechanical, vocational skills and equipment you can operate.

Please explain your computer knowledge and your skill level of programs you are familiar with.

What languages do you speak, read, write or sign fluently?

**EMPLOYMENT HISTORY**

Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the job posting. List all positions (job titles) separately, even if with the same employer.

1) Job Title:		Check One:      Full Time      Part Time      Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				

2) Job Title:		Check One:      Full Time      Part Time      Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				
3) Job Title:		Check One:      Full Time      Part Time      Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				

**REFERENCES**

<b>Reference #1</b>	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:
<b>Reference #2</b>	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:

<b>Reference #3</b>	First Name:	Last Name:	Phone Number:
	Email Address:	Relationship:	

**VOLUNTARY INFORMATION**

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

**Gender:**        Male                                         Female                                         Decline to State

**Ethnicity:**     Hispanic or Latino                                 Not Hispanic or Latino                                 Decline to State

**Race:**        **American Indian or Alaskan Native:** *Origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment*

**Asian:** *Origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam*

**Black / African American, Non-Hispanic:** *Persons having origins in any of the black racial groups of Africa*

**Native Hawaiian or Other Pacific Islander:** *Origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

**White, Non-Hispanic:** *Origins in any of the original peoples of Europe, the Middle East, or North Africa*

**Two or more races**

**Decline to State**

**APPLICANT CERTIFICATION**

By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment. I further understand that if employed, I am required to abide by all policies of the Town of Rocky Hill. The Town of Rocky Hill enforces a Zero Tolerance Drug and Alcohol Policy. Most employment positions require a background, financial, pre-employment medical assessment possibly including a drug test, and/or criminal investigation. I hereby give the Town of Rocky Hill permission and full authority to investigate my background and authorize the release of any such information to the Town of Rocky Hill upon request.

<b>Applicant Signature:</b>	<b>Applicant Printed Name:</b>	<b>Date:</b>
-----------------------------	--------------------------------	--------------

Note: A typed signature will substitute for a handwritten signature.