

### **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

(Rev. 09/29/2021)

# APPLICATION FOR EMPLOYMENT FOR EXTERNAL APPLICANTS ONLY

This application must be completed in full and signed.

#### **INSTRUCTIONS**

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 N	Vame:		Last Name:			Middle	:		Suffix:
Addre	ss:			City:		State:		Zip C	Code:
Phone Number:				Email Address:					
Position Applying For:				Available Start Date:					
Are you interested in working: Full-time				Part-time Per Diem Seasonal Temporary					
Do you currently have a valid Motor Vehicle Driv				er's Licens	se?	Check	One: Y	ES	NO
State:		License #	If Commercial (class:	rcial (CDL), please list  If you have endorsem type:		ments,	please list		
Are yo	ou a U	J.S. citizen or legally	eligible to work in	n the Unite	ed States?	Check	One: Y	ES	NO
Where	did y	ou learn about this er	nployment oppor	tunity? Ple	ease select	one:			
	Town of Rocky Hill website				Current Employee – Please specify:				
Other internet site – Please specify:				Other – Pl	lease spe	cify:			

## **MILITARY RECORD**

Have you served in the military?	Check	« One:	YES	NO		
Branch of Service:	Dates Ser	ved:		Type	of Duty:	
Special Training Received:						
APPLICANT EDUCATION						
Select highest grade completed:	9	10	11	12	High Sc	hool Equivalency
College: Certificate	Associate		Bachelor's	Mast	ter's	Doctorate
Name of School and	Location		Major	Subject	I	Degree Received
DECLUDED LICENCES, CEDA		C ANI	OTHER			
REQUIRED LICENSES, CERT	<u> IFICATION</u>	S, ANI	OTHER			
List all professional license(s) or or trade.	certification(s	) you cu	ırrently hold wl	nich author	ize you to	practice a profession
Type of License		Issued By: License #		<b>Expiration Date</b>		

## **APPLICANT QUESTIONS**

Please explain any and	all technic	cal, mechanical,	, vocational skills	and equipment ye	ou can operate	e.
- I			1,111			
Please explain your co	mputer kno	owledge and yo	our skill level of pr	rograms you are f	amiliar with.	
What languages do you	u speak, rea	ad, write or sign	n fluently?			
EMPLOYMENT HIS	ГORY					
Beginning with your pro	esent or mo	ost recent empl	ovment or volunte	eer experience an	d working bac	ckward, list al
positions held that you qualifications) stated on	ou wish to	o be considere	ed toward meeti	ng the eligibilit	y requiremen	nts (minimun
_	tile job po		- I	s) separatery, ever	i ii with the se	
1) Job Title:			Check One:	Full Time	Part Time	Per Diem
Company Name:	Add	dress:		City:	State:	Zip Code:
	- I - I - I - I - I - I - I - I - I - I					
Start Date:	End D	vate:	Reason for	Leaving:		
Direct Supervisor:	Phone	Number:	Email Addr	ess:		
Description of Duties:						

2) Job Title:			Check One	: Full Time	e Pa	art Time	Per Diem	
Company Name	ə:	Address:		City:		State:	Zip Code:	
Start Date:		End Date:	Reason for	Leaving:				
Direct Supervisor: Phone Number:		Email Addı	Email Address:					
Description of I	Outies:							
			,					
3) Job Title:			Check One	: Full Time	e Pa	art Time	Per Diem	
Company Name	e:	Address:		City:		State:	Zip Code:	
Start Date:		End Date:	Reason for	Leaving:				
Direct Supervisor:		Phone Number:	Email Addı	ress:				
Description of I	Outies:							
REFERENCES								
Reference #1	First Name:		Last Name:		Phone	Number:		
	Email Address:		I	Relationship:				
Reference #2	First Na	me:	Last Name:		Phone	Number:		
1	Email Address:		 	Relationship:				

Reference #3	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.

Applicant Signature:	Applicant Printed Name:	Date:

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