



Town of Portland, Ct ❖ An Equal Opportunity Provider and Employer
APPLICATION FOR GENERAL EMPLOYMENT
 Phone: 860-342-6715, Fax: 860-342-6714, www.portlandct.org

PERSONAL INFORMATION

Name: _____ Date: _____
 (LAST) (FIRST) (MIDDLE)

Address: _____
 (STREET / APT #) (CITY) (STATE) (ZIP)

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Are you currently authorized to work in the United States? Yes No

Note: Verification of identity and employment eligibility required at time of hire.

Are you 18 years or older? Yes No

Do you have a valid CT Driver's License? Yes No List endorsements: _____

EMPLOYMENT DESIRED

Position you are applying for: _____

Date you can start: _____

In the space below list License, Certificate, Training you possess that is required for this position (attach copies):			
Type:	Issued by:	Expiration Date:	Number:

List additional skills, foreign languages spoken, etc.: _____

Ever applied to Town before? Yes No Position: _____ When? _____

How did you learn about this job? Town Website DOL Newspaper Other _____

EDUCATION	NAME AND LOCATION OF SCHOOL	IF GRADUATED, TYPE OF DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER EDUCATION			
OTHER EDUCATION			

Have you ever served in the Armed Forces? Yes No (if yes, complete below)

MILITARY	Branch of Service:	Date of Discharge:
	Rank at Discharge:	Characterization of Discharge:
	Duties/specialized training received in the US Military or Naval Service:	

EMPLOYMENT HISTORY:

Begin with your PRESENT or MOST RECENT employment or volunteer experience and working backward; list all positions held that meet the minimum qualifications stated on the job posting.

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

(Present or Most Recent Job)

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Duties & Responsibilities: _____

Reason for leaving: _____

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Duties & Responsibilities: _____

Reason for leaving: _____

Job Title: _____ Company Name: _____

Company Address & Phone: _____

Employed from: _____ To: _____ Hours per week: _____

Duties & Responsibilities: _____

Reason for leaving: _____

REFERENCES: Provide three (3) persons not related to you, whom you have known at least one year

NAME	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
1.			
2.			
3.			

DISMISSAL:

Have you ever been dismissed from employment for inefficiency, delinquency or misconduct? Yes No

If "YES," please attach a detailed explanation on a separate piece of paper.

Note: Temporary positions will not exceed a 12-month period. Temporary positions do not qualify for any benefits offered by the Town of Portland.

CERTIFICATION:

1. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
2. I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records.
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. In consideration of my employment, I agree to conform to the Town's rules and regulations, and I agree that my employment and compensation can be terminate, with or without cause, and with or without notice, at any time, at either my or the Town's option.
5. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town.
6. I understand that no Town representative, other than its First Selectman, and then only when in writing and signed by the First Selectman, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.
7. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.
8. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicant will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDL's will become participants in the Town's Drug and Alcohol Testing Program.

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

Applicant Signature: _____ **Date:** _____

Emergency Contact Name: _____
Emergency Contact Relationship to Applicant: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

This page intentionally left blank

FEDERAL CIVIL RIGHTS EQUAL OPPORTUNITY INFORMATION

Government agencies require periodic reports on the gender, ethnicity and veteran status of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. This information is confidential and will be kept separate from your application. It will not be used by those making the hiring decision. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION BUT YOUR COOPERATION IN COMPLETING THIS FORM WOULD BE APPRECIATED.**

I do not wish to furnish this information

Position Applied for: _____

Gender: Female Male

Ethnicity / Race / National Origin (check one):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other

Military / Veteran Status (see definitions below):

- Special Disabled Veteran
- Vietnam Era Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Not Applicable

Veteran Status Definitions:

Special Disabled Veterans: means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Veterans of the Vietnam Era: means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a honorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases.

Other Protected Veteran: means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet the criterion identified herein, please refer to <http://www.opm.gov/veterans/html/vgmedal2.htm> or contact (301) 306-6752.

Recently Separated Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.