



Town of Plainfield

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER
DEPT. OF PERSONNEL
TOWN HALL
8 Community Avenue
Plainfield, CT 06374

Phone (860) 230-3001 Fax (860) 230-3033
Email: dmineau@plainfieldct.org

APPLICATION FOR EMPLOYMENT

JOB APPLYING FOR: _____

AVAILABLE AS OF: _____ **PART TIME:** _____ **FULL TIME:** _____

LAST NAME			FIRST NAME			MIDDLE		
STREET ADDRESS					P O BOX			
TOWN			STATE			ZIP CODE		
PHONE NUMBER					SOCIAL SECURITY #			

ARE YOU AT LEAST 18 YEARS OF AGE? _____

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THIS COUNTRY? ___ YES ___ NO

ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL JOB FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT OF THE POSITION APPLIED FOR? _____

DO YOU HAVE A CURRENT CT DRIVERS LICENSE? (IF YES, PLEASE INCLUDE LICENSE NUMBER AND EXPIRATION)? _____

DO YOU HAVE A CDL OR SPECIAL DRIVERS LICENSE? _____

ARE YOU LICENSED TO OPERATE ANY SPECIAL EQUIPMENT? _____

LIST ANY CURRENT CERTIFICATIONS (LIFEGUARD, FIRST AID, HAZ-MAT, ETC.)

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

EDUCATION

HIGH SCHOOL	STATE	DATES ATTENDED	HIGHEST GRADE OR DIPLOMA
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IF YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE GIVE THE YEAR AND PLACE IT WAS GRANTED:

COLLEGE	STATE	DATES ATTENDED	HIGHEST GRADE OR DIPLOMA
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GRADUATE SCHOOL	STATE	DATES ATTENDED	HIGHEST GRADE OR DIPLOMA
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WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB AND WORK BACK LISTING ALL PAID OR UNPAID, FULL OR PART-TIME WORK, MILITARY SERVICE, AND SUMMER JOBS PERFORMED DURING THE LAST TEN (10) YEARS. Use additional sheets of plain paper if you need more space.

1

Employer	Dates Employed		Telephone Number
	From	To	
Address			
Work Performed			
Job Title	Supervisor		
Reason for Leaving			

2

Employer	Dates Employed		Telephone Number
	From	To	
Address			
Work Performed			
Job Title	Supervisor		
Reason for Leaving			

3

Employer	Dates Employed		Telephone Number
	From	To	
Address			
Work Performed			
Job Title	Supervisor		
Reason for Leaving			

4

Employer	Dates Employed		Telephone Number
	From	To	
Address			
Work Performed			
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

REFERENCES: LIST THREE CONTACTS WHO HAVE AGREED TO GIVE REFERENCE OTHER THAN A RELATIVE.

1. _____
NAME ADDRESS PHONE #

2. _____
NAME ADDRESS PHONE #

3. _____
NAME ADDRESS PHONE #

OTHER QUALIFICATIONS: List any additional special job related skills and qualifications. State any additional information you feel may be helpful to us in considering your application:

RECRUITING INFORMATION: How did you hear about this job? (Please check one)

NORWICH BULLETIN

OTHER NEWSPAPER

DEPARTMENT OF LABOR

PROFESSIONAL JOURNAL. Please give name: _____

PERSONNEL DEPARTMENT

COMMUNITY AGENCY. Please give name: _____

PRESENT EMPLOYEE

OTHER. Please specify: _____

Applicant's Statement:
I certify that the answers given here are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. I understand that if I am employed by the **Town of Plainfield**, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the **Town of Plainfield**.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY:

Position: _____ Interview Date: _____

Starting Rate: _____ Start Date: _____

NOTES:

COMPLIANCE INFORMATION: The following information is requested for compliance with governmental selection requirements and for EEO reports. Completion of this questionnaire is **not required** for the application process. It will be detached when your application is filed and information on it **will not be considered** in the employment process.

Your name: _____

Job Applied For: _____

Sex: (Please Check) Male: _____ Female: _____

Describe yourself in terms of one of the following groups. (Check One)

- American Indian
- Black/African American
- White/Caucasian
- Hispanic/Latino
- Asian American
- Other (Please Specify): _____

TOWN OF PLAINFIELD

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860-230-3000

NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Town of Plainfield shall submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the town, in accordance with the procedure required by applicable state and federal regulations. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town or any other person other than to those persons for whom such disclosure is necessary. Positive test results or a refusal to sign this consent form and participate in pre-employment drug testing shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you acknowledge you have thoroughly read the foregoing notice and policy and you understand and agree that in order to be considered for employment with the Town, you will comply with the Town's drug testing policy.

Signature

Name (Printed)

Date