



# Application For Employment Town of Plainfield, Connecticut

**Equal Opportunity Employer**

The Town of Plainfield is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town will consider all applicants for all positions without regard to race, color, national origin, religion, creed, age, political affiliation, sexual orientation, gender, gender identity or expression, pregnancy, disability, genetic information, marital, parental or veteran status or any other legal protected classes.

## Personal Information

|  |        |            |          |
|--|--------|------------|----------|
| Name:                                      | Last   | First Name | Middle   |
|  |        |            |          |
| Address:                                   | Number | Street     | City     |
|  |        |            |          |
| Mailing Address (if different from above): |        |            |          |
| Number                                     | Street | City       | Zip Code |
|  |        |            |          |
| Telephone Number(s):                       | Home   | Cell       | Work     |
| (   )   -   (   )   -   (   )   -          |        |            |          |
| Email Address:                             |        |            |          |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you at least 18 years of age?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If you are under 18 years old, can you provide proof of eligibility to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you legally eligible for employment in the United States?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you now or in the future require sponsorship for employment visa status? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you able to perform the essential functions listed in the job announcement for the position for which you are applying, with or without reasonable accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently possess a valid Connecticut driver's license, Commercial Driver's License (CDL), or any other special license required for this position?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you filed an application with the Town of Plainfield before?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been employed by the Town of Plainfield before?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you related to anyone currently employed by the Town of Plainfield? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Employment Desired

|   |   |                             |
|---|---|-----------------------------|
| Position(s) applied for:  |   |                             |
| On what date would you be available to work?                      |   |                             |
| Are you available to work:  | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> On-call<br><input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends |                             |
| If part-time, what days and hours would you be available to work? |   |                             |
| Can you work overtime if your job requires it?                    | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Are there any hours or days you cannot or will not work?          |   |                             |



## Education & Training

|                       | Name & Address of School | Course of Study | Years Completed | Diploma/<br>Degree Received |
|-----------------------|--------------------------|-----------------|-----------------|-----------------------------|
| High School/<br>GED   |                          |                 |                 |                             |
| College<br>University |                          |                 |                 |                             |
| Graduate<br>School    |                          |                 |                 |                             |
| Trade<br>School/Other |                          |                 |                 |                             |

Describe any specialized training, licenses or certifications:

Have any licenses or certifications you have held been surrendered, suspended or revoked for any reason? No   
 Yes  If yes, please explain:

## Professional References

Please provide the names of three (3) people **not** related to you, whom you have known for at least one (1) year, who can provide a reference:

|               |   |
|---------------|---|
| Name & Title: | Nature of Association & Length of Time Known: |
|               |   |
| Email:        | Phone Number:                                 |
|               |   |

|               |   |
|---------------|---|
| Name & Title: | Nature of Association & Length of Time Known: |
|               |   |
| Email:        | Phone Number:                                 |
|               |   |

|               |   |
|---------------|---|
| Name & Title: | Nature of Association & Length of Time Known: |
|               |   |
| Email:        | Phone Number:                                 |
|               |   |



### Employment Experience

Please list your previous employers for the past ten (10) years, starting with your most recent position. Include any military service assignments and relevant volunteer work. Attach an additional sheet if more space is needed. This section must be completed even if you submit a résumé.

|   |                     |   |
|---|---------------------|---|
| 1 | Employer:           | Dates Employed:<br>From                      To |
|   | Job Title:          |   |
|   | Address:            | Duties:   |
|   | Phone Number:       |   |
|   | Reason for Leaving: |   |

|   |                     |   |
|---|---------------------|---|
| 2 | Employer:           | Dates Employed:<br>From                      To |
|   | Job Title:          |   |
|   | Address:            | Duties:   |
|   | Phone Number:       |   |
|   | Reason for Leaving: |   |

|   |                     |   |
|---|---------------------|---|
| 3 | Employer:           | Dates Employed:<br>From                      To |
|   | Job Title:          |   |
|   | Address:            | Duties:   |
|   | Phone Number:       |   |
|   | Reason for Leaving: |   |

|   |                     |   |
|---|---------------------|---|
| 4 | Employer:           | Dates Employed:<br>From                      To |
|   | Job Title:          |   |
|   | Address:            | Duties:   |
|   | Phone Number:       |   |
|   | Reason for Leaving: |   |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you currently employed?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| May we contact your current employer?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been dismissed, involuntarily terminated or forced to resign from employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes please explain:  |                              |                             |
|   |                              |                             |



### **Applicant Certification and Authorization**

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers provided in this application and any attached documents. I affirm that all information I have provided is true, complete, and accurate to the best of my knowledge and made in good faith. I understand that any misrepresentation, omission, falsification, or misleading information in this application or during any interview may result in refusal of employment or, if employed, disciplinary action up to and including termination.

I understand that, if offered and I accept employment, the Town of Plainfield may conduct one or more of the following: (1) a criminal history conviction record check to confirm information I have provided; (2) a urinalysis drug test; and/or (3) a driving history record check. I acknowledge that I have read, understood, and signed all related disclosure and authorization forms included with this application.

I further understand that acceptance of an offer of employment does not constitute a contract or guarantee of continued employment with the Town of Plainfield.

| Name (printed): | Signature: | Date: |
|-----------------|------------|-------|
|                 |            |       |

### **Pre-Employment Drug Testing Notice and Consent**

All individuals applying for employment with the Town of Plainfield are required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as written confirmation of the Town's intention to conduct such testing in accordance with Connecticut General Statutes §§ 31-51u et seq or any applicable state and federal laws. The testing will be administered by a certified laboratory or testing service selected by the Town and conducted in compliance with all required procedures and regulations.

All test results will be treated as strictly confidential and will not be disclosed to anyone other than those individuals for whom such disclosure is necessary to make employment-related decisions. A positive test result, or a refusal to sign this consent form or participate in the required testing, will result in the denial of employment.

Arrangements for testing will be coordinated by a Town representative in consultation with each applicant. Applicant cooperation in scheduling and completing the test is essential to the timely processing of the employment application.

By signing below, you acknowledge that you have read and understand this notice and agree to comply with the Town of Plainfield's pre-employment drug testing policy as a condition of consideration for employment.

| Name (printed): | Signature: | Date: |
|-----------------|------------|-------|
|                 |            |       |

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