



Town of Wilton

238 Danbury Road
Wilton, CT 06897

APPLICATION FOR EMPLOYMENT Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER		
		Work () Cell ()		
POSITION APPLIED FOR				
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE AVAILABLE FOR WORK		

EDUCATION

Did you graduate from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "No", highest grade completed: _____		
Name of high school: _____	Do you have a high school equivalency Certificate <input type="checkbox"/> YES <input type="checkbox"/> NO		
Address: _____	Place HS equivalency was granted: _____		
List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:			
School	Address	Course/Major	Degree/Certificate
List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license certificate number.			
List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).			
Describe any job related training received in the United States Military.			
List any office equipment or machinery you can operate that is relevant to the position for which you are applying.			

RECRUITING INFORMATION How did you hear about this job? (Please check one)	<input type="checkbox"/> Newspaper Name of Newspaper: _____	<input type="checkbox"/> Community Agency Please give name: _____
	<input type="checkbox"/> Town Employee Name _____	<input type="checkbox"/> Internet Name of website: _____
	<input type="checkbox"/> Referral Service Please give name: _____	<input type="checkbox"/> Other _____

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME.

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor Telephone Number		
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
# Hrs. Worked Weekly	Reason for Leaving		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor Telephone Number		
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
# Hrs. Worked Weekly	Reason for Leaving		

Name of Employer		Job Title	
Address		City	State Zip Code
Dates of Employment:	Name and Title of Supervisor Telephone Number		
From _____ / _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ / _____ month year			
# Hrs. Worked Weekly	Reason for Leaving		

Have you ever been discharged from a place of employment for cause? ☐ YES ☐ NO
If yes, please describe:

Name: _____ Position Applied For _____

References: List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

Name: _____

Address: _____

Job Title: _____

Name of Work Place: _____

Phone: _____

CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed_____ Date_____

**TOWN OF WILTON
AFFIRMATIVE ACTION QUESTIONNAIRE**

Completion of This Form is Purely Voluntary

INSTRUCTIONS: Each applicant for employment with The Town of Wilton is requested to provide the following information for Affirmative Action reporting purposes. This form will be separated from the filed application and the information contained herein will not be considered in the employment process. Information will be used for government reporting purposes only and will be detached and kept separate from your job application.

Position Applied For: _____ **Date:** _____

Gender: (Please check one):

Date of Birth: ____/____/____
mm dd yy

☐ Male ☐ Female

Ethnic Category: (Please check one):

☐ White ☐ Hispanic ☐ Asian American
☐ Black ☐ American Indian ☐ Other

Check only the following that apply:

☐ I am a qualified applicant with a disability who 1) has a physical or mental impairment which substantially limits one or more major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to my disability.

Pursuant to the regulations promulgated under 38 U.S. C. Section 2012, we are requesting the following information so that we may monitor statistics and submit a statistical report to the U.S. Government.

☐ I am a Special Disabled Veteran. I qualify as a Special Disabled Veteran because I am a Veteran who is entitled to compensation (or who, but for receipt of military retirement pay, would be entitled to compensation) under laws administered by the Veterans Administration for a disability:

- ☐ which is rated at 30% or more, or
- ☐ which is rated at 10% or 20%, but it has been determined under Section 1506 of Title 38 U.S.C., that I have a serious employment handicap, or
- ☐ which is service-connected and caused me to be released from active duty
- ☐ I am a Veteran of the Vietnam War