



OFFICE OF THE
HUMAN RESOURCES DIRECTOR

TOWN OF VERNON

14 PARK PLACE, VERNON, CT 06066
Tel: 860-870-3605

Town of Vernon

EMPLOYMENT APPLICATION INSTRUCTION SHEET

1. Please print or type all information. This is a three-page application with a one-page Equal Employment Opportunity Questionnaire. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format.
2. Applications received or postmarked after the closing date may not be considered. (If applicable)
3. Give complete and accurate information about your education, training, and experience as it relates to the minimum requirements of the position you are applying for. For partial years of college education, indicate the number of semester hours completed.
4. Fill out this application completely even if a resume is attached. Be sure to include the month and year that positions began and ended, and the salary or wage.
5. For supervisory experience, list the number and level of employees that you supervised. Supervision is defined as the authority to hire, approves vacation time, and do service ratings or employee evaluations.

NOTE: **PLEASE RETURN COMPLETED APPLICATIONS TO HUMAN RESOURCES DIRECTOR LOCATED AT TOWN HALL – 14 PARK PLACE, VERNON, CT**

TOWN OF VERNON

APPLICATION FOR EMPLOYMENT

Name _____ Position Desired _____

Address _____
Number and Street City State Zip

(Previous Address if there less than five years:

Telephone (Home) _____ (Work) _____

May we call you at work? _____ Yes _____ No

Driver's License _____ Yes _____ No

EDUCATION:

Have you graduated from high school or received an equivalency diploma?

_____ Yes _____ No

School	Name	Address	Dates Attended From To	Credit Hours Completed	Degree Received	Major	Did You Graduate?
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TECHNICAL
OR
BUSINESS

COLLEGE OR
UNIVERSITY

OTHER EDUCATION, TRAINING, AND COMPUTER SKILLS

OFFICIAL JOB TITLE		COMPANY NAME		TYPE OF BUSINESS	
TITLE OF IMMEDIATE SUPERVISOR		DEPT. WHERE ASSIGNED		BUSINESS ADDRESS/PHONE NO.	
EMPLOYED FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	TOTAL (Yrs. Mos.)	SALARY OR WAGE \$ Per	HOURS PER WEEK (Full-time)	(Part-time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (MUST BE LISTED)					

OFFICIAL JOB TITLE		COMPANY NAME		TYPE OF BUSINESS	
TITLE OF IMMEDIATE SUPERVISOR		DEPT. WHERE ASSIGNED		BUSINESS ADDRESS/PHONE NO.	
EMPLOYED FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	TOTAL (Yrs. Mos.)	SALARY OR WAGE \$ Per	HOURS PER WEEK (Full-time)	(Part-time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (MUST BE LISTED)					

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TITLE OF IMMEDIATE SUPERVISOR		DEPT. WHERE ASSIGNED		BUSINESS ADDRESS/PHONE NO.	
EMPLOYED FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	TOTAL (Yrs. Mos.)	SALARY OR WAGE \$ Per	HOURS PER WEEK (Full-time)	(Part-time)
NO. AND TITLES OF EMPLOYEES SUPERVISED BY YOU			REASON FOR LEAVING		
DUTIES (MUST BE LISTED)					

May we contact your present employer? Yes _____ No _____

CERTIFICATION

I certify that the statements made by me on this application 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 understand that any employment resulting from this application is at-will and can be terminated by either party without notice at any time for no reason.

SIGNED _____ DATE _____

Town of Vernon
Application for Employment

Do you claim veteran's preference? _____ Yes _____ No
If yes, a form DD214 must be submitted with this application.

Are you over the age of 21? _____ Yes _____ No If not, list your date of birth:
_____ This information is needed for certain licensing and Labor Department requirements.

Were you previously employed by the Town of Vernon? _____ Yes _____ No

Are you legally eligible for employment in this country? _____ Yes _____ No
Proof of eligibility will be required upon hire.

Do you have any special skills that may be of special benefit in the job for which you are applying?
An occupational license, a CDL, Nursing, Engineering, Plant Operator or speak a language other
than English? Computer skills?

Do you have any relatives working for the Town of Vernon?
If yes, please list their names and Departments.

PERSONAL REFERENCES:

NAME	ADDRESS	PHONE NUMBER

TOWN OF VERNON
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

INSTRUCTIONS: Each applicant for employment with the TOWN OF VERNON is requested to provide the following information to be used exclusively for statistical research purposes. Submission of this information is voluntary.

1. ETHNIC/RACIAL STATUS

- | | |
|---|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> White, of Hispanic origin |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other |

2. HANDICAPPED STATUS

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. MARITAL STATUS

- | | | |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Single, never been married | <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced | |

4. SEX

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

5. AGE

- | | |
|--|--|
| <input type="checkbox"/> age 16 or younger | <input type="checkbox"/> age 50 to 59 |
| <input type="checkbox"/> age 17 to 29 | <input type="checkbox"/> age 60 to 65 |
| <input type="checkbox"/> age 30 to 39 | <input type="checkbox"/> age 66 or older |
| <input type="checkbox"/> age 40 to 49 | |

6. TYPE OF WORK DESIRED

- Officials/Administrator (managerial or department head level)
- Professional (assistant department head, social worker, controller, civil engineer, etc.)
- Technical (surveyor, park or road foreman, building supervisor, animal control officer, DP operator/programmer, etc.)
- Paraprofessional (recreation specialist, engineering technician, assistant building official, police dispatcher, payroll coordinator, executive secretary, etc.)
- Administrative Support (secretary, assessment technician, revenue clerk, administrative clerk, etc.)
- Protective Services (police officer, firefighter, etc.)
- Skilled Craft (equipment operator, driver, maintainer, mechanic, plant operator, mason, recycling operator)
- Service/Maintenance (custodian, park maintainer, laborer, etc.)

7. HOW DID YOU HEAR OF THIS VACANCY?

- | | |
|--|--|
| <input type="checkbox"/> The Hartford Courant | <input type="checkbox"/> Journal Inquirer |
| <input type="checkbox"/> national professional journal | <input type="checkbox"/> Town bulletin board |
| <input type="checkbox"/> current employee | <input type="checkbox"/> employment agency/service |
| <input type="checkbox"/> other (specify) _____ | |

I, _____ (signature), certify that the above responses are true and correct, dated this _____ day of _____.

NAME/ADDRESS _____