



Town of Somers Application for Employment

Return to:
Town of Somers
600 Main Street
P.O. Box 308
Somers, CT 06071

**The Town of Somers is an Equal Opportunity Employer and
Considers Applicants for All Positions Without Regard to Race,
Color, Sex, Age, Disability or Other Legally-Protected Status.**

Position Applying For: _____ **Date:** _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town/City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? YES _____ NO _____
(Must provide documentation if hired)

Are you 18 years of age or older? YES _____ NO _____

Have you ever filed an application with us before? YES _____ NO _____ **If, YES, when** _____

E-Mail Address: _____	Cell Phone Number: (Voluntary) _____
If necessary, best time to call you at home is: _____ a.m./p.m.	May we contact you at work? Yes _____ No _____ If yes, work number and best time to call: _____ _____ a.m./p.m.
Have you ever been employed here before? Yes _____ No _____ If yes, give dates: From: _____ To: _____	Date available for work: _____
What is your desired salary range or hourly rate of pay? \$ _____/Year \$ _____/Hour	Have you ever been bonded: Yes _____ No _____

SPECIALIZED TRAINING OR SKILLS

List any special qualifications or certifications/licenses which you feel may especially quality you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships):

Please list all computer software and other office equipment that you use:

Use the space below to provide additional information necessary to describe your full qualifications:

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? YES_____ NO_____ If YES, what branch?_____

Dates of Duty: From_____ to _____ Rank at Discharge:_____

(Month/Day/Year) (Month/Day/Year)

List duties in the service, including special training:

EDUCATION

LEVEL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
High School			1 2 3 4		
College			1 2 3 4		
Other			1 2 3 4		

EMPLOYMENT HISTORY

In the space below, give your employment history beginning with your most recent employer and work back listing all previous employers. Include any applicable voluntary positions. Use additional sheets of plain paper if you need more space.

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
Month Year Month Year Starting Final

Duties & Responsibilities: _____

Reason for Leaving: _____

REFERENCES

List below 3 individuals (not relatives) who know your character, ability and experience:

NAME	ADDRESS	PHONE #	RELATIONSHIP	YEARS ACQUAINTED

Have you ever been fired or asked to resign from a job? YES _____ NO _____ If YES, please explain:

May we contact your present employer? YES _____ NO _____

CRIMINAL HISTORY REQUEST

Have you ever been convicted of a felony or are there current criminal charges pending against you? **(Before answering, please read the bulleted section below.)** YES _____ NO _____

If YES, please provide explanation:

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-
-
- ❖ This information will be available only to the Personnel Department and to those individuals who are involved in interviewing the candidate.
 - ❖ You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a which are records pertaining to a finding of youthful delinquency or that a child was a member of a family in need of services, adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which you have been found not guilty or a conviction for which you received an absolute pardon.
 - ❖ If your only criminal record consists of items that have been erased under the statutes listed above, then you do not have to disclose those erased convictions.
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CERTIFICATION: By signing below I certify that the information I have provided on this application is correct, complete and truthful. I realize that falsification of any of this information may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered.

I also give consent for you to check with previous employers and the personal references and release the Town of Somers, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history.

DRUG TESTING: I understand that the Town of Somers may require job applicants who are given a conditional job offer to successfully pass a urinalysis drug test.

CRIMINAL RECORDS CHECK: I understand that the Town of Somers may require all job applicants who are given a conditional job offer to successfully pass a criminal records check.

I further understand the acceptance of this form does not constitute an employment agreement and that only the Board of Selectmen of the Town of Somers is authorized to extend an offer of employment that shall be rendered in writing.

SIGNATURE: _____

DATE: _____

Town of Somers, Connecticut

Voluntary Affirmative Action Questionnaire

As an Affirmative Action Employer, the Town of Somers has a responsibility to comply with Federal and State-mandated regulations. We ask your cooperation in completing the following questionnaire to help us meet government record keeping and reporting requirements. Data will be kept in an affirmative action file separate from your application for employment. **Your cooperation in completing this portion of the employment application is voluntary.** Your decision not to include data will not affect any employment decisions.

Position Applied for: _____

Sex:

Male _____ Female _____

Race/Ethnic Group:

White _____ Black _____ Hispanic _____
American Indian/Alaskan Native _____ Asian/Pacific Islander _____

How did you hear about this job opening?

Journal Inquirer _____ Hartford Courant _____
Current Employee _____ Ct. Employment Service _____
Internet _____ Town Hall Posting _____
Walk In _____ Other:(Specify) _____

Name: _____

Date: _____