

# THE TOWN OF TOLLAND

## APPLICATION FOR EMPLOYMENT

The Town of Tolland (“the Town”) is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

**Please answer all questions and print legibly**

\*\*\*\*\*

**GENERAL INFORMATION**

\*\*\*\*\*

Name: \_\_\_\_\_

Last	First	Middle
------	-------	--------

Address: \_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

Telephone Number(s): \_\_\_\_\_

Home	Work
Cell	Email

Number of years/months you have resided at above address: \_\_\_\_\_

Are you either a U.S. citizen or an alien  
authorized to work in the United States?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you prevented from lawfully becoming  
employed in this country because of VISA  
or immigration status?      Yes \_\_\_\_\_      No \_\_\_\_\_

If employment is offered, can you produce  
documentation required by law to establish work  
authorization and identity?      Yes \_\_\_\_\_      No \_\_\_\_\_

\*\*\*\*\*

**JOB INFORMATION**

\*\*\*\*\*

Type of work desired? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Hourly Rate/Salary desired? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if your job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to the Town before, or worked for the Town before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under what name, dates of employment and department?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any friends or relatives working here? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

Use the space below to describe your interests and the skills and aptitudes that you feel qualify you for a position at the Town. If you need more space, please continue on a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**EDUCATION**

\*\*\*\*\*

Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School/Prep		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business		1 2 3 4	

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present membership in National Guard or Reserves \_\_\_\_\_

List any scholastic honors earned in high school, college or graduate school.

---



---

If you did not graduate, explain your reasons for leaving.

---



---

Are you planning to pursue further studies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what courses?

---



---

Describe any job-related training received in the United States Military or Naval Service.

---



---



---

\*\*\*\*\*

**EMPLOYMENT EXPERIENCE**

\*\*\*\*\*

Start with your present or last job. Include any self-employment, summer and part-time jobs, job-related military service assignments and volunteer activities. If you need additional space, please continue on back.

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments  
\_\_\_\_\_

Supervisor (Name and Title)  
\_\_\_\_\_

Reason for leaving  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments  
\_\_\_\_\_

Supervisor (Name and Title)  
\_\_\_\_\_

Reason for leaving  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Salary: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties/Accomplishments  
\_\_\_\_\_

Supervisor (Name and Title)  
\_\_\_\_\_

Reason for leaving  
\_\_\_\_\_

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

---

---

Describe any specialized training, apprenticeship, computer skills and extra-curricular activities.

---

---

State any additional information you feel may be helpful to us in considering your application.

---

---

\*\*\*\*\*

**REFERENCES**

\*\*\*\*\*

Give the names of three persons not related to you whom you have known at least one year.

NAME                      ADDRESS                      HOME PHONE                      BUSINESS PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*\*\*\*\*

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

\*\*\*\*\*

NAME                                      PHONE                                      RELATIONSHIP

1. \_\_\_\_\_

2. \_\_\_\_\_

\*\*\*\*\*  
**NOTICE OF BACKGROUND CHECK AND  
 FAIR CREDIT REPORTING ACT DISCLOSURE**  
 \*\*\*\*\*

In making employment-related decisions directly affecting you, the Town of Tolland may conduct a background check. As part of the background check, the Town may obtain a “consumer report” from a “consumer-reporting agency.” These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and general reputation.

If the Town obtains a “consumer report” about you and if the Town considers any information in the “consumer report” when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA as a consumer with regard to “consumer reports” and the “consumer reporting agencies” that prepare these reports.

Solely in order to perform the background check, please provide the following information:

Social Security No.: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Driver’s License No: \_\_\_\_\_ State: \_\_\_\_\_

Gun Permit No., if applicable: \_\_\_\_\_

Former name, if any: \_\_\_\_\_

Former address, if any:

---

Street	City	State	Zip Code
--------	------	-------	----------

\*\*\*\*\*  
**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**  
 \*\*\*\*\*

I have applied for employment at the Town of Tolland. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing below, I hereby voluntarily authorize the Town and its officials, agents and employees to conduct a background check, including obtaining any criminal, civil or administrative records, motor vehicle records, employment records, educational, licensing or regulatory records, credit information and information about my character and general reputation, and to consider the information provided by the background check when making decisions regarding my employment with the Town.

I release the Town, its officials, agents and employees and the providers of any such information or records from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this investigation and release of information or any attempt to comply with it. A photocopy or facsimile of this authorization may be accepted in lieu of the original.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Date

\*\*\*\*\*  
**NOTICE TO APPLICANTS REGARDING  
PRE-EMPLOYMENT DRUG TESTING**  
\*\*\*\*\*

Any individual applying for employment with the Town of Tolland 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 procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. 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 in full with the Town's drug testing policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
**AT-WILL EMPLOYMENT DISCLAIMER**  
**AND**  
**APPLICANT'S AGREEMENT AND CERTIFICATION**  
\*\*\*\*\*

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Tolland. I agree that nothing contained in this application or in the granting of an interview is to be construed as creating any obligation, promise or contract by the Town of Tolland.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town of Tolland. Further, subject to any applicable collective bargaining agreements, I understand that if I am hired by the Town of Tolland, **my employment can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all by me or the Town of Tolland.** I also understand that this "**at-will**" employment relationship may not be changed unless the Town Manager of the Town of Tolland specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Town of Tolland has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Town of Tolland should be interpreted to make such a guarantee.

If hired, in consideration of my employment, I agree to conform to the policies and procedures of the Town of Tolland, as they may from time to time be implemented or revised.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



\*\*\*\*\*  
**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**  
\*\*\*\*\*

The following information is requested by the Federal Government in order to monitor our compliance with various Federal civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

I do not wish to furnish this information

Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino

Race/  
National  American Indian or Alaskan Native  
Origin  Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

Sex  Male  
 Female

**Definitions**

**White** (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black or African American** (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

**Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Hispanic or Latino**: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**American Indian or Alaska Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.