

APPLICATION FOR EMPLOYMENT

Town of Hamden Recreation Department

INSTRUCTIONS: Please answer every question on this application. Type or print your answers in ink.

PLEASE RETURN TO: Personnel/Civil Service Department, Hamden Government Center, 2750 Dixwell Avenue, Hamden, Connecticut 06518. (Only complete applications will be considered.)

POSITION APPLIED FOR: _____ NEW: _____ RETURNING: _____ If "Yes" how many years: _____

E-mail Address: _____

SOCIAL SECURITY NUMBER _____

| | | | |
|-------------|---------|------|-------------------|
| NAME (Last) | (First) | (MI) | SUFFIX (Jr., Dr.) |
|-------------|---------|------|-------------------|

ADDRESS (Number and Street) _____

| | | |
|------|-------|---------------------------------------|
| CITY | STATE | ZIP CODE (Last 4 digits are optional) |
|------|-------|---------------------------------------|

| | | |
|-----------------------------|-----------|----------------------------|
| AREA CODE HOME PHONE NUMBER | AREA CODE | BUSINESS PHONE NUMBER EXT. |
|-----------------------------|-----------|----------------------------|

| | | |
|---------------------------------|-------------------------|------------------------------------------------------|
| May we call you at work? Yes No | Driver's License Yes No | If you are 18 years old or younger, enter age: _____ |
|---------------------------------|-------------------------|------------------------------------------------------|

Indicate kind of position for which you are applying: Seasonal Part-time Summer Youth Temporary

Are you currently employed by the Town of Hamden? Yes No

| | | |
|---------------------------------------------|-----------------------------------------|-----------------|
| If Town Employee, Give Official Class Title | Is This A Full-time Position? Yes No | Town Department |
|---------------------------------------------|-----------------------------------------|-----------------|

EDUCATION: Have you graduated from high school or received a high school equivalency diploma? Yes No

If "no", please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

| School | Name/Address | Dates Attended | Credit Hours Completed | Degree Received/ Area of Study | Did You Graduate? |
|-----------------------------|--------------|----------------|------------------------|-----------------------------------|-------------------|
| | | From To | | | |
| COLLEGE OR UNIVERSITY | | | | | |
| BUSINESS OR TECHNICAL | | | | | |
| OTHER EDUCATION | | | | | |

CERTIFICATIONS RECEIVED AND APPLICABLE FOR THIS POSITION (e.g., cpr, first aid, lifeguard training)

| | | | | |
|---------|-----------|----------------|--------------------|-----------|
| Type(s) | Issued by | Date(s) issued | Expiration date(s) | Number(s) |
|---------|-----------|----------------|--------------------|-----------|

Do you speak, read or write a language other than English? Yes No (This information is voluntary)

INSTRUCTIONS: Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, list ALL positions held which are necessary for determining your eligibility for employment as stated on the position announcement. List ALL positions (titles) separately, even if with the same employer. Clearly describe the duties you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format and include your social security number and position for which you are applying. Continue the sequence for additional jobs listed. You MUST fill out this application completely even if a resume is being attached.

| | | | | | | |
|--------------------------------------------------|-------------------------------------------------|-----------------|---------------------------|--------------------------------|-------------------------------|---------------------------------------------|
| FOR OFFICE USE ONLY | Official Job Title (Start with most recent job) | | Company Name | | Type of Business | |
| | Title of Immediate Supervisor | | Department Where Assigned | | Business Address/Phone Number | |
| | Employed From (Mo./Yr.) | To (Mo./Yr.) | Total (Yrs. Mos.) | Salary or Wage \$ _____ Per | | Hours per Week (Full-time) (Part-time) |
| | Number and Title of Employees Supervised by You | | | Reason for Leaving | | |
| | Duties (Must be Listed) | | | | | |
| | | | | | | |
| | | | | | | |
| | Official Job Title | | Company Name | | Type of Business | |
| | Title of Immediate Supervisor | | Department Where Assigned | | Business Address/Phone Number | |
| | Employed From (Mo./Yr.) | To (Mo./Yr.) | Total (Yrs./Mos.) | Salary or Wage \$ _____ Per | | Hours per Week (Full-time) (Part-time) |
| Number 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 and any attached pages are true and complete to the best of my knowledge and are made in good faith. I understand that if I 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 and any attached pages, including employment information, are subject to verification as a condition of employment.

SIGNATURE: _____ **DATE:** _____

ADDITIONAL INFORMATION

Please describe any other special skills, experience or interests that you have relative to the position that you are applying for. (Summarize special job-related skills and qualifications acquired from previous employment or other relevant experience.)

Areas of Interest or Program Skills (Indicate programs/areas of interest and any equipment operated)

| | | | | |
|------------------|----------------|------------------------|-------------------------------------|------------------|
| Arts & Crafts | Pool Staff | Special Needs | Equipment use/experience (list): | Other (list): |
| Sports/Athletic | Animal Care | Music/Drama | _____ | _____ |
| Ice Skating Rink | Nature/Outdoor | Field/Maintenance Work | _____ | _____ |

All applicants must be able to commit to working for the full length of the job placement. Projected or actual absences for reasons such as vacation, camp, summer school and the like cannot be tolerated and may be grounds for non-employment or termination. Employment will be based upon your previous experience, references, education and your interview. The Town of Hamden makes no guarantee of continued employment.

Do you have any physical limitations?

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities involved in such a job or occupation is attached.)

Yes No

References (See attached Employment Reference form)

| | | |
|----|---------|--------------|
| 1. | _____ | _____ |
| | Name | Phone Number |
| | _____ | |
| | Address | |
| 2. | _____ | _____ |
| | Name | Phone Number |
| | _____ | |
| | Address | |
| 3. | _____ | _____ |
| | Name | Phone Number |
| | _____ | |
| | Address | |

PRE-EMPLOYMENT SCREENING—AUTHORIZATION AND RELEASE

Completion of the following information is voluntary. However, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Town of Hamden.

Applicant Name (Last, First, Middle)

Address (Number and Street)

City State Zip Code (Last 4 digits are optional)

Area Code Home Phone Number Date of Birth (Month/Day/Year)

I, the undersigned, recognize and understand that signing this page constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Town of Hamden or its designee concerning my character, employment or military service as may be deemed necessary for a determination of my suitability for employment with the Town of Hamden.

This authorization is executed with the full knowledge and understanding that the Town of Hamden will take reasonable measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Town of Hamden.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Town of Hamden not to employ me on account of compliance or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be effective and valid as the original. This authorization shall be valid for no longer than twelve (12) months from the date of my signature.

Signature of Applicant

Date Signed

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL USE ONLY

AFFIRMATIVE ACTION QUESTIONNAIRE

SOCIAL SECURITY # : _____

POSITION: _____

SECTION I: VOLUNTARY In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will NOT be used for discriminatory purposes and will NOT be considered in the evaluation of your application.

A. GENDER

FEMALE MALE

TESTING ACCOMMODATIONS

Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by attaching a sheet detailing your specific needs or by contacting the Town of Hamden, Personnel Department at (203) 287-7130 immediately upon submitting an application for employment.

B. RACE/ETHNIC DATA

1. **BLACK** (not of Hispanic origin): Persons having origins in any of the original peoples of sub-Saharan Africa.
2. **HISPANIC**: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
3. **WHITE** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
4. **AMERICAN INDIAN OR ALASKAN NATIVE**: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation.
5. **ASIAN OR PACIFIC ISLANDER**: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

TO BE DETACHED BY AUTHORIZED PERSONNEL ONLY

SECTION II: MANDATORY—ALL APPLICANTS MUST COMPLETE THIS SECTION

A. VETERAN'S PREFERENCE: is determined by either of the following categories: (A) active military service during the following basic eligibility dates: April 6, 1917 to November 11, 1918, but as for service in Russia to April 20, 1920; or December 7, 1941 to December 31, 1947; or June 27, 1950 to January 31, 1955; or January 1, 1964 to July 1975; or any person who: (B) has been honorably discharged or released under honorable conditions from active service in the armed forces of the United States and who has served in military action for which such person received or was entitled to receive a campaign badge or expenditure medal; (C) attended one (1) of the service schools for ninety (90) or more days during a time of war and was subsequently honorably discharged from active service; (D) was a reservist in the United States Army, Navy, Marine Corps, Coast Guard or Air Force for ninety (90) or more days during a time of war, including full-time training duty or annual training duty and was subsequently released under honorable conditions from active service. Do you claim Veteran's Preference (5 points)? If "Yes", check one (1) of the following:

1. As a veteran (As specified in category A, B, C or D above)
2. As a spouse of a veteran not gainfully employed due to disability
3. As a surviving spouse of a veteran

Do you claim Disabled Veteran's Preference (10 points)? If "Yes", check one (1) of the following:

1. As a current disabled veteran
2. As a spouse of a disabled veteran not gainfully employed due to disability
3. As an unmarried surviving spouse of a disabled veteran

IMPORTANT: Proof of right to Veteran's Preference (DD214) MUST be submitted with application if not already on file. CHECK APPLICABLE BOX BELOW:

Proof previously submitted to Town of Hamden, Personnel Department

Proof included with this application

NOTE: Veteran's Preference points, either five (5) or ten (10) points, are applied only after a candidate passes an open competitive examination.

B. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or position? Check appropriate box(es):

1. Position announcement
2. Park & Recreation Office
3. Town of Hamden website
4. Advertisement in a journal or newspaper. Specify:

5. Radio/television announcement. What station?

6. Present Town employee
7. Other (e.g., walk-in, friend, relative, Internet)

C. OTHER: The answer to the following question will be considered for employment purposes if relevant to the job for which you are applying. Have you ever been **CONVICTED** of an offense against criminal or military law, forfeited bond or collateral or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth-offender law.)

Yes No

If "Yes", please attach a detailed explanation about the nature of the conviction, degree of rehabilitation, and time since release.

D. Are you available to work?

Full-time Part-time Summer Camp Temporary

**TOWN OF HAMDEN
RECREATION DEPARTMENT
REFERENCE FORM**

(Applicant's Name) _____

has applied to be a Counselor with the Hamden Recreation Department. So that the application may be given proper consideration, your help is needed in completion of this reference form. I hereby release from all liability the company or person below, and authorize the release of all information regarding my relationship/employment with him or her.

Applicant's Signature

Date

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Name of Reference

Day Phone

Address Zip

City State

1) In what capacity have you known the applicant? _____

2) For how long? _____

3) How would you rate this individual's character? Please explain. _____

4) What are the first words that come to your mind to describe this applicant _____

RATING

How would you rate this applicant in terms of: (Please check)

| No basis | | Below Average | Average | Good (above average) | Very Good | Excellent | Outstanding |
|----------|----------------------------------|---------------|---------|----------------------|-----------|-----------|-------------|
| | Academic achievement | | | | | | |
| | Dependability | | | | | | |
| | Personal qualities and character | | | | | | |
| | Creativity | | | | | | |
| | Motivation | | | | | | |
| | Maturity | | | | | | |
| | Leadership ability | | | | | | |
| | Concern for others | | | | | | |
| | Respect for others | | | | | | |

I would recommend this applicant: **With Reservation** **Fairly Strong** **Strongly** **Enthusiastically**

Signature _____ **Date** _____

**Please mail form back to: Town of Hamden, Personnel/Civil Service Department, 2750 Dixwell Avenue,
Hamden, CT 06518 • Phone (203) 287-7130 • Fax (203) 287-7135**

**TOWN OF HAMDEN
RECREATION DEPARTMENT
REFERENCE FORM**

(Applicant's Name) _____

has applied to be a Counselor with the Hamden Recreation Department. So that the application may be given proper consideration, your help is needed in completion of this reference form. I hereby release from all liability the company or person below, and authorize the release of all information regarding my relationship/employment with him or her.

Applicant's Signature

Date

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Name of Reference

Day Phone

Address

Zip

City

State

1) In what capacity have you known the applicant? _____

2) For how long? _____

3) How would you rate this individual's character? Please explain. _____

4) What are the first words that come to your mind to describe this applicant _____

RATING

How would you rate this applicant in terms of: (Please check)

| No basis | | Below Average | Average | Good (above average) | Very Good | Excellent | Outstanding |
|----------|----------------------------------|---------------|---------|----------------------|-----------|-----------|-------------|
| | Academic achievement | | | | | | |
| | Dependability | | | | | | |
| | Personal qualities and character | | | | | | |
| | Creativity | | | | | | |
| | Motivation | | | | | | |
| | Maturity | | | | | | |
| | Leadership ability | | | | | | |
| | Concern for others | | | | | | |
| | Respect for others | | | | | | |

I would recommend this applicant: With Reservation Fairly Strong Strongly Enthusiastically

Signature _____ Date _____

Please mail form back to: Town of Hamden, Personnel/Civil Service Department, 2750 Dixwell Avenue,
Hamden, CT 06518 • Phone (203) 287-7130 • Fax (203) 287-7135