

Last Name:

First Name:

Daytime Phone:

Email Address:

Cell Phone:

Address:

Position Applied For:



TOWN OF HAMDEN  
CONNECTICUT

EMPLOYMENT APPLICATION

## **EMPLOYMENT APPLICATION GENERAL INSTRUCTIONS**

1. Obtain a copy of the position announcement at **Town of Hamden, Personnel Department** or at the **Town of Hamden Website** at [www.hamden.com](http://www.hamden.com). The announcement includes important information such as: minimum requirements for admission to the examination or position, closing date for applications, and other job-related information. You may apply for **ONLY** one (1) examination or position per application.
2. Applications received or postmarked after the closing date will not be accepted.
3. Applications received for which there is no current examination or position announcement will **NOT** be accepted.
4. Type or print all information.
5. Give complete and accurate information about your training and experiences as they relate to the minimum requirements. Leaves of absence in excess of one (1) month during a year should not be claimed as work experience.
6. Keep this page for yourself.
7. Bring or send your completed original application and any attached documents to the address below. Retain a copy of your application for your records.
8. Any future correspondence regarding this application should include your full name and the title of the position for which you applied.

Personnel / Civil Service  
Hamden Government Center  
2750 Dixwell Avenue  
Hamden, Connecticut 06518

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

INSTRUCTIONS: Type or print answers to ALL questions. Do not include more than ONE (1) examination number or position on each application. MAIL OR BRING COMPLETED APPLICATION TO: Personnel Department, Hamden Government Center, 2750 Dixwell Avenue, Hamden, Connecticut 06518-3224 *(Only complete applications will be considered.)*

Personal Information			
Last Name	First Name	Middle Initial	Today's Date
Street Address	City	State	Zip Code
Email Address: _____		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Home Phone: (____) _____ - _____			
Work Phone: (____) _____ - _____			
Cell Phone: (____) _____ - _____			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License # _____		State Issued: _____	
Title of Position Applying For:			Date Available to Work:
Indicate the kind of position for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temp			
Are you currently employed by the Town of Hamden? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Town employee, indicate current Position and Department			
Position _____		Department _____	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you speak, read, or write a language other than English? (This information is voluntary unless required by the examination or job description) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education:		Attendance:	
Full Name of Institution and Full Address	From:(MM/YYYY) To: (MM/YYYY)	Major Area of Study	Degree/Diploma Received (Yes/No)
High School			
College			
Graduate School			
Technical or Certificate Programs			

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

<b>Employment History</b> Please provide the following information for your previous <u>six</u> employers beginning with the most recent. Please do not use "see attached resume" instead of completing this page.
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Employer:	Dates Employed:	Job Title:
Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	

Employer:	Dates Employed:	Job Title:
Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	

Employer:	Dates Employed:	Job Title:
Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	

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Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	
Employer:	Dates Employed:	Job Title:
Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	
Employer:	Dates Employed:	Job Title:
Type of Business _____	From _____ To _____	
Address:		
Telephone:	Job Duties:	
Voluntary: Salary Start: _____ Finish: _____	_____	
Reason for Leaving:	_____	
_____	_____	
_____	Number of Employees Supervised by you: _____	

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

Please list professional, trade, business or civic activities and offices held:

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Please summarize any special job acquired skills and qualifications from work experiences (applicable to this position including any computer applications software skills).

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<b>References</b> Please list names of supervisors or managers who can comment directly on your abilities:				
Name	Email address	Phone #	Relationship/Occupation	Years Known

**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/or dismissal and to such other penalties as may be prescribed by law or personnel regulations. ALL statements made on this application and any attached page, including employment information are subject to verification as a condition of employment.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# APPLICATION FOR EXAMINATION OR EMPLOYMENT

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## Equal Employment Opportunity Policy Statement

The Town of Hamden is committed to Equal Employment Opportunities for all. Equal Employment Opportunity has been and continues to be a fundamental principle at the Town of Hamden.

It is the policy and practice of the Town of Hamden to recruit and employ qualified job applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, disability or any other protected characteristic as established by law.

This policy and the obligation to provide Equal Employment Opportunity shall include, but not be limited to, the following:

1. Recruitment, advertising or solicitation for employment.
2. Selection, placement, upgrading, transfer, promotion or demotion.
3. Rate of pay or other forms of compensation.
4. Selection for training.
5. Layoff or termination.
6. Treatment during employment.
7. All other aspects of personnel administration.

The Town emphasizes this policy to ensure compliance with all applicable laws that pertain to equal employment opportunities. The Town further recognizes that the effective application of this policy is an integral part of its overall administrative personnel process, and that a positive continuing equal opportunity program for all employees and applicants for employment provides significant value to the Town as a whole. The Town is, therefore, committed to achieving full Equal Employment Opportunity in Town employment.

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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Examination Title or Position Title

## TESTING ACCOMMODATIONS FOR EXAMINATIONS

Qualified individuals with a disability may request special testing accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting the: Town of Hamden, Personnel Department at 203- 287-7130 immediately upon submitting an application for employment. Provide your name, position title, and a description of your specific needs and documentation from a healthcare provider verifying your disability.

### 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 considered in the evaluation of your application.

A. SEX:     \_\_\_ Female           \_\_\_ Male

#### B. RACE/ETHNIC DATA:

- \_\_\_ 1 **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- \_\_\_ 2 **ASIAN/ PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- \_\_\_ 3 **BLACK/AFRICAN-AMERICAN (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the black racial groups of Africa.
- \_\_\_ 4 **HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- \_\_\_ 5 **WHITE (NOT OF HISPANIC ORIGIN):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

#### C. PRIMARY SOURCE OF EXAM/JOB INFORMATION:

Where did you learn about this exam or job/position? (Check and complete below.)

- \_\_\_ 1 Town of Hamden Website \_\_\_\_\_
- \_\_\_ 2 Other Internet Site. Website: \_\_\_\_\_
- \_\_\_ 3 Newspaper, professional journal, radio or TV advertisement.  
Please give the name of the publication/station, etc: \_\_\_\_\_
- \_\_\_ 4 Paper Posting
- \_\_\_ 5 Direct e-mail or paper mailing.
- \_\_\_ 6 Career fair. Event/Location: \_\_\_\_\_
- \_\_\_ 7 Other. Please specify: \_\_\_\_\_



## TOWN OF HAMDEN VETERANS PREFERENCE VERIFICATION FORM

Are you claiming veteran's employment preference?  Yes  No

If the answer to the above question is "Yes", please answer the following questions:

Check the appropriate space below if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

- A veteran who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
- A veteran of any war who has served on active duty and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the United States of America if any part of such active duty was performed during periods of wartime defined by the Florida Legislature. Active duty for training is not allowable, or
- The unmarried surviving spouse of a disabled veteran (complete info below.)

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Branch of Service

Date of Entry

Date of Discharge

Have you claimed and been employed through veterans' preference since October 1, 1987?

Yes  No

If "yes", name of Employer: \_\_\_\_\_

I acknowledge that I have read and understood the rights expressed in this notice.

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Applicant's Signature

Date

Hamden Government Center  
Personnel Department  
2750 Dixwell Avenue  
Hamden, CT 06518

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

## VETERAN'S PREFERENCE

\_\_\_\_\_  
Examination Title or Position Title

Any veteran who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service may be eligible for Veterans' credit. Service in a time of war is defined by CGS 27-103(a) and includes service in World War 2, the Korean Conflict, the Vietnam era (2/28/61 to 7/1/75), the Persian Gulf war and any other war declared by Congress, as well as service while engaged in combat or a combat support role in Lebanon from 7/1/58 to 11/1/58 and 9/29/82-3/30/84, Grenada from 10/25/83 to 12/15/83, Operation Earnest Will from 7/24/87 to 8/1/90 and Panama from 12/10/89 to 1/31/90. If you are claiming Veteran's Preference points check one of the options below.

### Do you claim Veteran's Preference (5 points)?

- A. As a veteran (as defined above) who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1)
- B. As a spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration and, who by reason of such veterans' disability is unable to pursue gainful employment. (Documents: 2, 3 and 4)
- C. As an unmarried surviving spouse of such veteran who is not eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 2, 3, 5, 6)

### You may also be eligible for Veteran's Preference (5 points), if:

- A. You have been honorably discharged or released under honorable conditions from active service in the armed forces of the United States and have served in a military action for which you received or were entitled to receive a campaign badge or expeditionary medal. (Documents: 1)

### Disabled Veteran's Preference (10 points)?

- A. As a disabled veteran (as defined above) who is eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 1, 7)
- B. As a spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration, and who is unable to pursue gainful employment due to the veteran's disability. (Documents: 2, 3, 4, 7)
- C. As an unmarried surviving spouse of a disabled veteran who is eligible for disability compensation or pension from the United States through the Veterans' Administration. (Documents: 2, 5, 6, 8)

**Documentation Required.** Please refer to the "Documentation Required" listed after each category above to determine the specific documentation you are required to submit in order to be eligible to receive Veteran's preference points if you pass an open competitive examination.

1. DD214 – Member-4 copy for self showing: honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service, and campaign badge or expeditionary medal earned (if applicable).
2. DD214 – Member-4 copy for spouse showing honorable discharge or release under honorable conditions from active service in the armed forces, dates of entry into and separation of service.
3. Marriage Certificate.
4. Statement from spouse's physician certifying that s/he is unable to pursue gainful employment because of disability.
5. Death certificate for spouse or official notice of his/her death if it occurred in the line of duty.
6. Statements from two disinterested persons that widow/widower has not remarried.
7. Statement from Veterans' Administration dated within the past six months certifying that the veteran is currently eligible for compensation or pension benefits.
8. Statement from Veterans' Administration certifying that the veteran was eligible to receive disability compensation or pension benefits at the time of his/her death.

### Check one if you are claiming Veteran's Preference:

- Proof (required documents) previously submitted       Proof attached to this application

*Note: Veteran's points are only added after a candidate passes an open competitive examination.*

## Test Information

Test may be written, oral, practical, performance or a combination thereof. Refer to the examination announcement to determine the type of examination used, the test subjects, and the weight of each part of the examination. Most examinations are given in the Hamden area. Some large test administrations are given at various locations throughout the state. Experience and training examinations do not require you to go to a test site. Your examination score will be based upon your background, as reported on this application or a supplemental questionnaire. If a questionnaire is used, it will be mailed to you. It is important that your application be detailed. When written, oral or performance tests are scheduled, you will be notified before the test date of the specific date, time and location. The last date by which the examination will be held is shown on the examination announcement. In the event of a delay, you will be notified.

Visually impaired or other disabled candidates may request special testing accommodations by attaching a separate page describing your specific needs.

A written notice of your test will be mailed to you. This will normally take four (4) to six (6) weeks after the examination is given. No test result will be given over the telephone.

## Job Opportunities and Hiring

Information about job opportunities may be obtained by calling the Personnel Department at 203-287-7133 or visiting [www.hamden.com](http://www.hamden.com).

Test results will show your overall score and rank, if applicable. All candidates with the same final earned rating (score plus veteran's points) on a particular test are placed in the same rank. Departments are generally given the top three (3) ranks for the first vacancy with an additional rank for each additional vacancy. Credit for veteran's points will require proof of veteran's status and/or current disabled veteran's status (DD214) and must be submitted at the time of application.

In accordance with the Federal Immigration & Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a three (3) month probationary period.

***Keep this sheet for your records!***