

APPLICATION FOR EMPLOYMENT
TOWN OF STAFFORD, CONNECTICUT

EQUAL OPPORTUNITY EMPLOYER

THE TOWN OF STAFFORD WILL CONSIDER ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, POLITICAL AFFILIATION, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, PREGNANCY, DISABILITY, GENETIC INFORMATION, MARITAL, PARENTAL OR VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CLASS.

THIS APPLICATION MUST BE COMPLETED IN FULL AND MUST BEAR AN ORIGINAL SIGNATURE

Date _____

PERSONAL INFORMATION

NAME _____
Last First Middle

PRESENT ADDRESS

Street City State Zip Code

PERMANENT ADDRESS (if different than present address)

Street City State Zip Code

TELEPHONE (____)____ - (____)____ **EMAIL** _____
Cell Home/Other

Are you legally eligible for employment in the United States? Yes No (If Yes, verification will be required)

Are you under the age of 18? Yes No

DRIVER INFORMATION

If you are applying for a position which requires a motor vehicle operator license, please answer the following:

Do you have a valid motor vehicle operator license? Yes No State _____ Expiration _____

If CDL, Class A or B Endorsements _____

Has your license ever been revoked or suspended? Yes No

EMPLOYMENT INTEREST AND AVAILABILITY

Position of Interest _____ Compensation Desired _____

Full-time (35+) Part-time Seasonal Temporary As Needed/Shift Work

Days Evenings Weekends On Call Overtime Date Available _____

HOW DID YOU LEARN ABOUT TOWN EMPLOYMENT OPPORTUNITIES?

Job Posting Source: _____

Employee Name of Employee: _____

Other Source: _____

ARE YOU CURRENTLY EMPLOYED? Yes No May we contact your present employer? Yes No

Have you ever been employed by the Town of Stafford before? Yes No Dates _____

Have you submitted an employment application to the Town of Stafford before? Yes No Dates _____

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

Yes No Need more information about the essential functions of the position

EDUCATION AND TRAINING

	Name and Address of School	Years Attended	Course of Study	Diploma or Degree Received
High School				
Trade School				
College				
Other				

Please list any specialized training, apprenticeships, certifications, qualifications, and skills, including technical equipment and machinery or fluency in another language.

Please list any professional, trade, business, civic, volunteer, or leadership affiliations relevant to the position for which you are applying. (you may omit any activities that would disclose membership in any protected class)

EMPLOYMENT HISTORY

List below your employers for the last ten (10) years starting with the most recent employer. Include military service assignments and volunteer work. Attach an additional sheet if necessary. You must complete this section even if you provide a resume.

1	Employer	Dates Employed	
	Phone Number	From	To
	Address		
	Job Title	Describe work performed	
	Reason for leaving		

2	Employer	Dates Employed	
	Phone Number	From	To
	Address		
	Job Title	Describe work performed	
	Reason for leaving		

3	Employer	Dates Employed	
	Phone Number	From	To
	Address		
	Job Title	Describe work performed	
	Reason for leaving		

4	Employer	Dates Employed	
	Phone Number	From	To
	Address		
	Job Title	Describe work performed	
	Reason for leaving		

5	Employer	Dates Employed	
	Phone Number	From	To
	Address		
	Job Title	Describe work performed	
	Reason for leaving		

Which of these jobs did you like best? _____

What did you like most about this job? _____

PROFESSIONAL REFERENCES

Provide names of three (3) persons not related to you, whom you have known for at least one (1) year, who can provide a reference:

Name & Title	Nature of Association & Length of Time Known
Business Address or Email Address	Phone Number

Name & Title	Nature of Association & Length of Time Known
Business Address or Email Address	Phone Number

Name & Title	Nature of Association & Length of Time Known
Business Address or Email Address	Phone Number

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

APPLICANT’S CERTIFICATIONS AND AGREEMENTS

PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations and policies of the Town of Stafford.

I authorize representatives of the Town of Stafford to obtain pertinent information from my previous employers, references, and other people with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information including, but not limited to, all employment and personnel information requested, including, but not limited to personnel records, payroll records and any other documents of any nature in their possession, custody or control. I hereby specifically release and hold harmless the Town of Stafford and any past, present, and future employers, their employees, and agents, from any and all claims or liability as a result of disclosing or revealing any record or information concerning my employment, in accordance with this authorization to the Town.

I also voluntarily agree to submit to any lawful security examination or investigation as a condition precedent to employment or at any time during my employment. I hereby release the Town of Stafford, its agents and employees from any liability resulting from or in connection with the results or use of the results of any of the above-described examinations, reference checks, and investigations.

I understand that, as part of the application process, the Town of Stafford conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to a background check, I will fully cooperate and provide any information requested. I understand that, as a condition of my consideration for employment with the Town of Stafford, or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes but is not limited to, my creditworthiness or similar characteristics (if substantially related to the job or the Town has a bona fide purpose for requesting or using the information in the credit report that is substantially job-related), employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to the Town of Stafford's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town of Stafford will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town of Stafford. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly the insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Town of Stafford, then as a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every state in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Town of Stafford motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Town of Stafford cannot insure me due to my motor vehicle operator history, my employment may be terminated.

I have read, understand, and agree to the foregoing.

Applicant's Signature

Date

Applicant's Printed Name

Town of Stafford
1 Main Street, Stafford Springs, CT 06076
Telephone: 860-684-1777
Fax: 860-684-1785

**NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG AND/OR ALCOHOL
SCREENING AND CONSENT**

I, _____, hereby consent to submit to controlled substances and/or alcohol testing in accordance with applicable law. I consent to allow the designated collection site to take a specimen of my hair, urine or blood and submit it for pre-employment, reasonable suspicion, or random drug/alcohol testing in accordance with applicable law. I further consent to allow the laboratory testing service to make the results of such screen available to the Town of Stafford (The "Town").

I understand that the Town of Stafford screens all employees for controlled substances before commencement of employment.

I also understand that Town of Stafford may test me during my employment if reasonable suspicion of substance use exists.

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I also voluntarily consent to a medical examination conducted at the request of the Town of Stafford. I understand that the results of these medical examinations and tests will be provided to the Town of Stafford.

I further understand that my employment or prospective employment with Town of Stafford may be affected should a positive drug result occur and that a positive result may be used as a basis to disqualify me for employment with Town of Stafford.

I am not waiving my right to contest the accuracy of the result of said drug test, and should a positive test occur, I understand that I have the right to receive a copy of said result. I further understand that in the case of an initial positive drug test, a second test must be performed utilizing a gas chromatography and mass spectrometry methodology or a methodology which has been determined by the Commissioner of Public Health to be as reliable or more reliable than the gas chromatography and mass spectrometry methodology.

I understand that any information concerning the results of the drug test conducted by Town of Stafford shall be confidential and shall not be released to anyone except necessary managerial and supervisory personnel.

In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby agree not to file any action at law or inequity against the Town, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to indemnify and save harmless the Town, the laboratory testing service, their respective officers, agents and employees from all damages, expenses, reasonable attorney's fees and costs of court which they or any of them suffer or incur, jointly or severally, due to the results of such screen being made so available.

I have read the foregoing and understand and agree to it. I am signing this Consent Form of my own free will without coercion or duress.

Dated this _____ day of _____, 20_____.

Applicant's Signature

Witness

Applicant's Printed Name

Town of Stafford
1 Main Street, Stafford Springs, CT 06076
Telephone: 860-684-1777
Fax: 860-684-1785

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the release of all records, or any part thereof, concerning myself whether said records are of public, private, or confidential in nature, by and to a duly authorized agent of the Town of Stafford.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions including records of deposits, withdrawals, and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; public utilities, civilian, military and law enforcement agencies, employment and pre-employment records, including background reports, sufficiency ratings, complaints or grievances filed by or against me, and personal property tax statements and records, wherever filed, records of complaints, arrests, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records, records of complaints of a civil nature made by or against me, where-so-ever located, and to include the record and recollection of attorneys-at-law or of other counsel, whether representing me or other person in any case in which I presently have or have had an interest.

This release is executed with full knowledge and understanding that the information is for use by the Town of Stafford. I hereby release and authorize any representative of any private, local, state, or federal office or agency and/or custodian of such records including its officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Consent is granted for the Town of Stafford to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided to the Town of Stafford pursuant to this request, as well as any information contained in the background investigation report prepared by the Town of Stafford.

I hereby release the Town of Stafford, you, your organization, and all related agents and representatives, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Applicant's Full Name: _____ Date: _____
(Signature)

Applicant's Full Name: _____
(Print Name)

Current Address: _____

Phone Number: _____

Witness: _____ Date: _____



The following pages are to be completed only if a conditional offer of employment has been made.

**Town of Stafford
1 Main Street, Stafford Springs, CT 06076
Telephone: 860-684-1777
Fax: 860-684-1785**

RELEASE AND WAIVER FOR PRE-EMPLOYMENT BACKGROUND CHECK

In connection with your application for employment, we may procure a Credit Report and/or Background Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below you hereby authorize any authorized representative of the **Town of Stafford** bearing this release, within one year of its date, to disclose or provide access to any and all personal recollections and/or information in its files concerning you, your character, general reputation, personal characteristics and personal history, including but not limited to documents concerning your military service, employment, credit history (including consumer records and/or credit ratings), financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against you, background investigations, disciplinary actions, and any and all internal affairs investigations and discipline, to include any files that are deemed to be of a private or confidential nature.

The information requested below is being used strictly for pre-employment background screening purposes in order to obtain accurate results. The consumer report may include, but not be limited to, criminal history, verifications of employment and education, and driving records. A credit report detailing personal financial history will only be obtained for permissible purposes in consideration of jobs meeting specific criteria.

Applicant's Name: _____
(please print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State: _____

*To All Applicants:
The information requested above will be used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation.*

I have received a copy of my Summary of Rights Under the Fair Credit Reporting Act. _____ (initials)

NOTICE TO ALL APPLICANTS: RETAIN THIS AS A COPY OF YOUR RIGHTS

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or

prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active-duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW, Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street, Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue SE, Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW, Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration Regional Office
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE, Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW, Washington, DC 20580 (877) 382-4357

Town of Stafford
1 Main Street, Stafford Springs, CT 06076
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POST CONDITIONAL OFFER – APPLICANT QUESTIONNAIRE

NOTE: The Applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and the applicant is not required to disclose the existence of criminal records that have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-76o or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the general statutes with respect to these proceedings so erased and may so swear under oath.

Name _____ DOB _____ Date _____

1. Have you ever been arrested? Yes No
(If yes, when, where & what were the charges and disposition)

2. Have you ever been convicted of a felony or misdemeanor? Yes No
(If yes, when, where & what crime)

3. Have you ever been fired from or left a job without giving proper notice? Yes No
(If yes, list Company Name and reason)

4. Have you had any motor vehicle violations in the past 3 years? Yes No
(If yes, when, what kind)
