



TOWN OF LITCHFIELD
OFFICE OF THE FIRST SELECTMAN
74 West Street ~ P.O. Box 488
Litchfield, Connecticut 06759-0488
Phone 860-567-7550 ~ Fax 860-567-7552
www.townoflitchfield.org



Position Applied For: _____ Date: _____

How did you learn about this position?

Town Website____ Advertisement____ Online ____ Friend____ Relative____ Town Employee____

The **Town of Litchfield** provides equal opportunity in all areas of employment and does not discriminate against any individual regardless of race, color, religion, sex, age, disability, Gender identity expression, pregnancy, sexual orientation, marital status, veteran status, national origin, or other protected classes under federal, state or local law. **The Town** provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with Americans with Disabilities Act applicable and state and local laws during the application process and during employment.

Name

Referred by

Present Address

Street

City

State

Zip Code

Home Phone

Cell Phone

E-Mail Address

Are you over the age of 18? ☐ Yes ☐ No If not, state your age _____

Work Availability: ☐ Full Time ☐ Part Time ☐ Nights ☐ Days

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hours

Hours

Hours

Hours

Hours

Are you willing to work overtime as necessary? ☐ Yes ☐ No

Date you can start: _____

Salary desired: _____

Have you ever been employed by us?

☐ Yes

☐ No

If yes, when? _____

Position: _____

Are you currently authorized to work in the United States? ☐ Yes ☐ No
(Note: 1986 Immigration Reform & Control Act requires verification of Identity and employment eligibility at the time of hire.)

State name(s) of any relative(s) in our employ and your relationship to them:

Military Service Record

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

List special training that is relevant to the position for which you have applied.

Educational History (High School, Technical School, College)

Name and Address of School

Diploma or Degree Received

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Licenses and/or Certifications

Do you have a current Driver's License? ☐ Yes ☐ No

Do you have a **Commercial Driver's License**? ☐ Yes ☐ No

If a CDL is required for this position, you will be required to provide us with a copy of your CDL & Medical Card.

I agree to allow the Town to check 2 years of prior employment relevant to a **CDL** for drug/alcohol random testing results. ☐ Yes ☐ No

Please list any Certification and or Training that will apply to the position in which you are applying for.

Special Skills and Qualifications (Related to the job for which you are applying)

Computer skills [] List Programs and skill level (Beginner, Intermediate, Expert)

List other experiences or skills that qualify you for work with the Town.

Professional References (excluding relatives)

Name	Position	Telephone Number	Years known	E-mail Address
<hr/>				
Name	Position	Telephone Number	Years known	E-mail Address
<hr/>				
Name	Position	Telephone Number	Years known	E-mail Address
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Employment History

List below all present and past employment. Begin with your most recent employment and work backwards consecutively. Do not omit any periods of employment. Provide accurate and specific dates; please indicate if unable to do so. Resumes may be included only with a completed application.

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Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisors Phone \_\_\_\_\_

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

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

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Position _____ Dates: From _____ to _____
Month/Year Month/Year

Name of Employer _____ Phone _____

Address of Employer _____

Name of Supervisor _____ Supervisors Phone _____

Reason for leaving _____

Job Responsibilities: _____

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Position \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address of Employer \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Supervisors Phone \_\_\_\_\_

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

Job Responsibilities: \_\_\_\_\_

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Acknowledgment Statement and Authorization Agreement

By signing below, I acknowledge that have read and understand the policies stated below and agree to the authorization and release of information as described below:

Accuracy of Information. I understand the Town of Litchfield relies upon the accuracy of information contained in my employment application and the accuracy of other data presented throughout the hiring process and employment. I certify that I have provided information that, to the best of my knowledge is truthful and accurate. I understand that false statements, misrepresentations, or material omissions in any of this information or data may result in exclusion of my application from consideration for employment or, if I am hired, in termination.

Employment-at-Will. I understand that this application does not create an employment contract/relationship. I also understand that if hired by the Town of Litchfield my employment can be terminated at any time, by myself or by the Town of Litchfield for any grounds not prohibited by law. The only exception would be employees covered by a collective bargaining agreement.

Drug-Free Workplace. The Town of Litchfield maintains a drug-free workplace. I understand that as a condition of employment, I must undergo a pre-employment drug/alcohol screening, which may be conducted by and through independent contractors. I understand that information obtained from this examination will be kept confidential and disclosed only to supervisors, managers, and safety or rescue personnel who have a need to know. I understand that if I test positive for illegal substances and/or alcohol, I will be disqualified from consideration from any position, unless otherwise prohibited by state law. Employees required to maintain a commercial driver's license will be requested to submit to random, reasonable suspicion, post-accident, post-incident and periodic drug/alcohol testing as required by Department of Transportation regulations during employment and that refusal to do so is justification for termination.

Background Investigation. The Town of Litchfield complies with all federal requirements with respect to the business it conducts. As such, I understand that as a condition of employment, I must undergo a pre-employment background and criminal investigation, which may be conducted by and through independent contractors. I understand that if the results of either the background or criminal investigation do not meet the standards of relevant federal regulations hiring policy, I will be disqualified from consideration. I further agree that, if hired, I will be responsible for updating or informing the Town of Litchfield of any change in criminal status. I further understand that additional background investigations may be conducted during the course of my employment as required or permitted by law.

Promotion and/or Transfer Consideration. I understand that if I am hired and I wish to apply for promotional or transfer consideration, I may be required to complete a new employment application, undergo an alcohol/drug screen, physical (to the extent permitted by law), background and criminal investigation as required for the position/promotion/transfer.

Employment Eligibility. I understand that if hired by the Town of Litchfield, I will be required to comply with the federal Immigration Reform and Control Act and show proof of my identity and eligibility to work in the United States. I understand that failure to produce the required documents will cause the Town of Litchfield to withdraw any job offer and terminate my employment.

Conflicts of Interest and Ethics. If hired by the Town of Litchfield, I will perform my job duties in an ethical manner and avoid any conflicts of interest.

Physical Examinations. I understand that I may be asked to submit to a post-offer pre-employment physical examination and that such examination may be conducted by and through independent contractors. I understand that information obtained from this examination will be kept confidential and disclosed only to supervisors, managers, and safety or rescue personnel who have a need to know. No one will be disqualified from employment based on the results of this examination without the Town of Litchfield first weighing possible accommodations and establishing the legality and business necessity of the physical requirement.

Reference Check Authorization. I agree to allow the Town of Litchfield by and through its independent contractors, to contact the people I have listed as references on this application. I agree not to hold any reference listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for employment with the Town of Litchfield.

Expirations of Application. I understand that this application shall remain active for a period of 180 days from the date of filing and I understand that if I wish to be considered after that time, it shall be my responsibility to renew the application. I understand that the application is not valid without my signature/acceptance. I agree that a photocopy of this authorization may be used to perform background and criminal investigations in lieu of the original.

Date: _____

Signature: _____