



City of Danbury Human Resources/Civil Service Application for Employment

The City of Danbury considers all applicants for position without regard to race; color; religion; sex; national origin; citizenship; age; disabilities; disabled; recently separated, other protected armed forces service medal veterans; genetics; retaliation; or any other similarly protected status. We also comply with applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**This form must be completed fully and signed for further consideration.
Resumes may be included but may not be substituted.**

General Information:

Date of application: _____

Name _____
First Middle Initial Last

Address _____
Street Apt/unit City State Zip

Home Phone: _____ Cell Phone: _____ Email Address _____

Phone # where you can be reached between 9:00am and 4:30pm _____

How did you hear about this opportunity? ___ City Website ___ Job fair, list job fair _____

___ Newspaper ad, list newspaper _____

___ Internet Ad, list website _____

___ Other: _____

Position for which you are applying: _____ Salary Expectation _____

Which Job Status would you consider? ___ Full Time ___ Part time ___ Temporary ___ Seasonal

Which Shift would you Consider? ___ Days ___ Evenings ___ Nights ___ Variable

Date available for work? _____

Are you currently authorized to work in the U.S.? ___ Yes ___ No

(Note: 1986 Immigration Reform & Control Act requires verification of identity and employment eligibility at the time of hire)

General Information continued:

Have you filed an application for other position for the City of Danbury? If yes, Yes No
Please list positions _____

Were you, at any time, previously employed by the City of Danbury? If yes, Yes No
Indicate position held and department _____

Are you 18 years of age or older? (A work permit is required if you are under age 18) Yes No

Veteran and Military Information:

Are you a Veteran of the US Armed Forces? Yes No

If yes, indicate service branch, Date Discharged, Type of Discharge and Final Rank _____

Do you claim 5 points preference based on active duty in the US Armed Forces? Yes No
(Attach copy of DD214)

Do you claim 10 points veteran's disability preference? Yes No
(Attach copy of DD214 and supporting documentation)

Licenses and/or Certifications:

Do you have a current Driver's License? Yes No
If yes, issuing state _____ license number _____

Do you have a current Commercial Driver's License? Yes No
If yes, issuing state _____ license number _____

Do you have any professional licenses or certifications? Yes No

If yes, indicate:

License/Cert type	State	Exp Date	License/Cert Number
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Skills and Qualifications

Do you have other training, special programs, or armed forces training relating to the job for which you are applying. If yes, please indicate: __Yes __No

Training Name	Location	Dates attended	Subject
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you fluent in a language other than English? __Yes __No

If yes, indicate language _____

Computer Software Knowledge

Please indicate your skill level for each program by using the following key:

B=Basic; I=Intermediate; A=Advanced

__Word __Excel __Powerpoint __Microsoft Access __Data Entry __Email

Education:

Education Level	Name of School	Course of Study	# of yrs completed	Did you Graduate Y/N	Specify Degree, Diploma, GED, Certificate
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____
Trade or Business School	_____	_____	_____	_____	_____
Trade or Business School	_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

List below all present and past employment. Begin with your most recent employment and work backwards consecutively. Applicants may be required to furnish satisfactory proof of employment history claimed. Resumes may be included only with a completed application.

1. Name of Employer _____
Address of Employer _____
Title: _____ Dates: From _____ to _____
Month/Yr Month/Yr
Name of Supervisor _____ Supervisor's Phone _____
Salary: _____ Reason for leaving: _____
Job Responsibilities: _____

May we contact for a reference? _____ Yes _____ No
If no, please indicate reason _____

2. Name of Employer _____
Address of Employer _____
Title: _____ Dates: From _____ to _____
Month/Yr Month/Yr
Name of Supervisor _____ Supervisor's Phone _____
Salary: _____ Reason for leaving: _____
Job Responsibilities: _____

May we contact for a reference? _____ Yes _____ No
If no, please indicate reason _____

EMPLOYMENT HISTORY CONTINUED

3. Name of Employer _____
Address of Employer _____
Title: _____ Dates: From _____ to _____
Month/Yr Month/Yr
Name of Supervisor _____ Supervisor's Phone _____
Salary: _____ Reason for leaving: _____
Job Responsibilities: _____

May we contact for a reference? _____ Yes _____ No
If no, please indicate reason _____

4. Name of Employer _____
Address of Employer _____
Title: _____ Dates: From _____ to _____
Month/Yr Month/Yr
Name of Supervisor _____ Supervisor's Phone _____
Salary: _____ Reason for leaving: _____
Job Responsibilities: _____

May we contact for a reference? _____ Yes _____ No
If no, please indicate reason _____

APPLICANT STATEMENT: PLEASE READ CAREFULLY

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that incomplete, false, inaccurate, or misleading information given in my application, interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided whether willingly or accidental, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

I understand that this application is not a contract of employment nor is it a guarantee or indication of employment. I also understand that should I be granted an interview, the representation that may be made at the interview are not to be construed as creating any obligation, promise or contract on behalf of the City of Danbury. Should I be employed by the City of Danbury, in consideration of my employment, I agree to conform to the rules and policies of the City, as they may be implemented or revised over time. Identification and verification of eligibility to work in the US must be satisfied for employment.

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 will be subject to a drug test and medical examination that I must pass before I commence work.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the City of Danbury reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite durations. I understand that no supervisor or representative of the City of Danbury is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless such agreements are in writing and signed by the appropriate authorized representative of the City of Danbury.

I certify that I have read and accept all terms of the foregoing Applicant Statement.

Applicant's Signature _____

Date: _____



CITY OF DANBURY
155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810

EEO DATA SHEET

Important:

All Applicants: To enable the City to meet government reporting regulations, employees are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. *It will not be used as selection criteria and will be treated as personal and confidential.* Your voluntary cooperation will be appreciated.

Date: _____

Name: _____

Address: _____

Position: _____

Male

Female

ETHNIC SELF-IDENTIFICATION

Please read the descriptions below. Mark one or more races to indicate what you consider yourself to be.

- American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian or Other Pacific Islander – 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.
- Black or African-American (not of Hispanic origin) – A person having origins in any of the black racial groups of Africa.
- Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.