



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street
Killingly, CT 06239
Tel: 860-779-5334

EMPLOYMENT APPLICATION

Date: _____ Position(s) applied for: _____

The Town only accepts applications for open positions. Applicants are required to complete each section.
You are not required to furnish any information which is prohibited by federal, state or local law.

PERSONAL INFORMATION

(Last Name, First, Middle) _____ (Social Security #) _____

(Street Address) _____ (Home Telephone) _____

(Mailing Address, if different) _____ (Work Telephone) _____

(City, State, Zip Code) _____ Can you be contacted at work? ☐ Yes ☐ No

(If less than 12 months at above address, list previous address.) _____

Are you legally authorized to accept employment in this country? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment.)

Do you have adequate means of transportation to get to work on time each day? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No Class _____ License# _____
(Need to complete only if a valid license is a specific requirement of the job for which you are applying.)

Have you previously been employed by the Town of Killingly? ☐ Yes ☐ No
If yes, indicate below the department and the date which you worked for the Town.

Department:	Dates (From/To)
_____	_____
_____	_____

EMPLOYMENT HISTORY

List all previous work, military service and/or periods of unemployment for the past ten (10) years. This section must be completed. **A resume cannot be substituted for this section**, but a resume may be attached.

(Have you attached a resume? ☐ Yes ☐ No)

Please use additional paper or back of sheet if needed.

1. Employer: _____

Address: _____

Type of Employer: _____ Tel. # _____

Title: _____ Employed from _____ / _____ to _____ / _____

Earnings: _____ per ☐ hour ☐ weekly ☐ annual

Duties: _____

Name and Title of Immediate Supervisor: _____

Reason(s) for leaving or desiring change: _____

2. **Employer:** _____
Address: _____
Type of Employer: _____ Tel. # _____
Title: _____ Employed from ____/____/____ to ____/____/____
Earnings: _____ per ☐ hour ☐ weekly ☐ annual
Duties: _____

Name and Title of Immediate Supervisor: _____
Reason(s) for leaving or desiring change: _____

3. **Employer:** _____
Address: _____
Type of Employer: _____ Tel. # _____
Title: _____ Employed from ____/____/____ to ____/____/____
Earnings: _____ per ☐ hour ☐ weekly ☐ annual
Duties: _____

Name and Title of Immediate Supervisor: _____
Reason(s) for leaving or desiring change: _____

Please list any skills or experience **not covered** in 'job duties' above: _____

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? _____

If yes, please explain: _____

EDUCATION/TRAINING

High School and Location: _____

Graduated: ☐ Yes ☐ No Year Graduated: _____ or GED: ☐ Yes ☐ No GED Obtained: _____

College/University Name and Location: _____

Major(s): _____ Total Years Attended: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Degree(s) Obtained: _____

Other Education: Name, Location(s) & Degrees: _____

Licenses and/or Certifications: _____

I understand that providing false information or willful misrepresentation may cause the applicant for employment to be rejected or may cause dismissal if hired.

(Signature)

(Date)



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AT-WILL EMPLOYMENT DISCLAIMER and APPLICANT'S AGREEMENT AND CERTIFICATION

I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate the Town of Killingly. I agree that nothing contained in this application or in the granting of an interview is to be construed as creating any obligations, promise or contract by the Town of Killingly.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town of Killingly. Further, subject to any applicable collective bargaining agreements, I understand that if I am hired by the Town of Killingly, **my employment can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all by me or the Town of Killingly.** I also understand this "at-will" employment relationship may not be changed unless the Town Manager of the Town of Killingly specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Town of Killingly has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Town of Killingly should be interpreted to make such a guarantee.

If hired, in consideration of my employment, I agree to conform to the policies and procedures of the Town of Killingly, as they may from time to time be implemented or revised.

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

I have read, understood and agree to the foregoing.

(Signature)

Name (Printed or Typed)

Date

NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Town of Killingly shall submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedure required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town or any other person other than to those persons for whom such disclosure is necessary. Positive test results or a refusal to sign this consent form and participate in pre-employment drug testing shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you acknowledge you have thoroughly read the foregoing notice and policy and you understand and agree that in order to be considered for employment with the Town, you will comply in full with the Town's drug testing policy.

(Signature)

Name (Printed or Typed)

Date



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NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

In making employment-related decisions directly affecting you, the Town of Killingly may conduct a background check. As part of the background check, the Town may obtain a "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applied to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and general reputation.

If the Town obtains a "consumer report" about you and if the Town considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact "consumer reports" and the "consumer reporting agencies" that prepare these reports.

Solely in order to perform the background check, please provide the following information:

Social Security #: _____

Driver's License # _____ State: _____

Gun Permit #, if applicable: _____

Former name, if any: _____

Former address, if any: _____

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment at the Town of Killingly. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing below, I hereby voluntarily authorize the Town and its officials, agents and employees to conduct a background check, including obtaining any criminal, civil or administrative records, motor vehicle records, employment records, educational, licensing or regulatory records, credit information and information about my character and general reputation, and to consider the information provided by the background check when making decision regarding my employment with the Town.

I release the Town, its officials, agents and employees and the providers of any such information or records from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this investigation and release of information or any attempt to comply with it. **A photocopy or facsimile of this authorization may be accepted in lieu of the original.**

(Signature)

Name (Printed or Typed)

Date



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CRIMINAL BACKGROUND

Note: This portion of the application will only be reviewed by the person(s) in charge of employment and anyone involved in interviewing the applicant.

Have you ever been convicted of a crime? ☐ Yes ☐ No Date of Birth: _____

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

Applicants are **not** required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased". The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and, (e) a conviction for which the person received an absolute pardon.

Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it related to the performance of the job duties in question and in light of the requirements of state and federal law.

Signature

Name (Printed or Typed)

Date



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EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION QUESTIONNAIRE

The Town of Killingly is requesting that each applicant complete the following questions so that accurate records of the recruitment process may be maintained. Completion of the questionnaire is **not required** for the application process and **will not be considered** in the selection or hiring process.

Information provided will be kept separate from the regular application and will be used for federal reporting requirements only.

Your cooperation in completing this form is appreciated and will enable the Town to evaluate its recruitment process in accordance with federal, state and local requirements.

NAME: _____

ADDRESS: _____

GENDER: ☐ Male ☐ Female

RACE/ETHNIC GROUP:

- ☐ White ☐ Asian ☐ Black or African American
or Other Pacific Islander
- ☐ American Indian/
Alaskan Native ☐ Native Hawaiian or Other ☐ Hispanic or Latino
(All races)
- ☐ Race missing or unknown

DATE: _____

POSITION: _____