



# Town of Glastonbury Glastonbury, Connecticut

Return to:  
Town of Glastonbury  
Customer Service Center  
2155 Main Street  
Glastonbury, CT 06033-6523

## EMPLOYMENT APPLICATION

The Town of Glastonbury is committed to a policy of non-discrimination and equal opportunity for all qualified employees and applicants for employment. The Town does not discriminate on the basis of race, color, sex, age, religion, marital status, national origin, ancestry, veteran status, sexual orientation, gender identity or expression, or disability as defined by law. The Town will make reasonable accommodations for individuals with disabilities provided that the accommodation does not impose an undue hardship on the Town.

### INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. **It must be completed in full even if resumes or other supporting materials are attached.** Please answer all questions fully and accurately. Make your statements brief, but do not omit important information which may have relevance to the position. **Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive.**

Please type or complete in ink. **Email address is required**

Section 1: Exact Title of Position Applying For (A separate application is required for each position)			
Section 2: Personal Information			
Title	First Name	Middle Initial	Last Name
E-mail Address (Required)			
Mailing Address		City, State	Zip Code
Home Phone:	Cell Phone:	Work Phone:	
May we contact you at your work number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you either a U. S. Citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Must provide documentation, if hired.			
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this position?			
<input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Website (Name) _____			
<input type="checkbox"/> Professional Association (Name) _____			
<input type="checkbox"/> Other (Please Indicate) _____			

For HR Use Only

Section 3: Military Record (Provide a copy of your DD 214, if applicable)		
Branch of Service	Dates Served	Type of Duty <input type="checkbox"/>
Special Training Received:		

Section 4: Education				
Select highest grade completed				
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> High School Equivalency   College: <input type="checkbox"/> AA <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> Doctorate Colleges, Universities, business or Trade Schools you attended which apply to the position- list earned degrees only				
Name of School and Location	From (Mo/Yr)	To (Mo/Yr)	Major Subject	List Degree Received

Section 5: Licensure/Certifications and Skills
<p>A. List all professional licenses, certifications, or classes for which you have and the position requires:</p>          <p>B. List any other related professional licenses, certifications, or classes that will benefit the position for which you are applying:</p>          <p>C. Please complete if applicable. I have the following skills:</p> <p><input type="checkbox"/> Microsoft Word   <input type="checkbox"/> Microsoft Excel   <input type="checkbox"/> E-Mail   <input type="checkbox"/> Typing _____WPM</p> <p><input type="checkbox"/> Other software or equipment _____</p>

Section 6: List all employment including self employment, summer, part-time and full-time military service. You may also include any work performed on a volunteer basis. Start with the present or most recent employer.

Are you willing to have your present employer contacted regarding your qualifications and work performance? Yes  No  If NO, please explain:

Most recent/Current Employer Name & Address      Telephone ( ___ ) _____ Dates of Employment (Mo/Yr)_____ to (Mo/Yr)_____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason Leaving or Seeking New Employment

Description of Duties

Employer Name & Address      Telephone ( ___ ) _____ Dates of Employment (Mo/Yr)_____ to (Mo/Yr)_____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving

Description of Duties

Employer Name & Address      Telephone ( ___ ) _____ Dates of Employment (Mo/Yr)_____ to (Mo/Yr)_____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving:

Description of Duties	
Employer Name & Address	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
Telephone ( ____ ) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving
Description of Duties	

Section 7: References		
List four professional and/or personal references. Do not list relatives or supervisors previously named in Employment Section.		
Name	Address	Phone



Section 9: Certification. Please read the following and sign where indicated.

A. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand that non-compliance with this certification will result in rejection of my application or, if I am already employed, immediate discharge from employment.

B. In the event that I am employed by this town, I agree to comply with all of its orders, rules and regulations. The Town of Glastonbury makes no guarantee of continued employment. Only the Town Council and Town Manager may enter into an employment contract and then, only in a written agreement signed by all parties.

C. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

D. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Failure to pass the test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDLs will become participants in the Town's Drug and Alcohol Testing Program.

I hereby acknowledge that I have read the above statements and understand them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Note: TO ENSURE EMAIL COMMUNICATIONS ARE RECEIVED, PLEASE UPDATE YOUR SPAM FILTER TO ALLOW EMAIL FROM THE Glastonbury-ct.gov DOMAIN.