

CITY OF MILFORD  
PERSONNEL DEPARTMENT  
70 West River Street  
Milford, Connecticut 06460

## APPLICATION FOR EMPLOYMENT OR EXAMINATION

### PERSONAL DATA

POSITION FOR WHICH YOU ARE APPLYING> \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_ TEL # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

How long have you been at this address? \_\_\_\_\_ years, \_\_\_\_\_ months

FORMER ADDRESS \_\_\_\_\_  
Street City State Zip

In case of emergency, notify:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TEL # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

### EMPLOYMENT DATA

If you mark any box "Yes", then provide the details requested:

Have you ever filed an application with us before? Yes  No

When? \_\_\_\_\_ For which position? \_\_\_\_\_

Have you ever been employed by us before? Yes  No

From: \_\_\_\_\_ To: \_\_\_\_\_ Department: \_\_\_\_\_

Do you have a valid Connecticut driver's license? Yes  No  Expiration date: \_\_\_\_\_ Type: \_\_\_\_\_

Have you ever been discharged or asked to resign? Yes  No  Employer: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you served in the U.S. Military? Yes  No  From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Do you claim Veteran's Preference? Yes  No  (Please read the paragraph below.)

Veteran's Preference is granted for having served in the Army, Navy, Marine Corps, Air Force or Coast Guard during time of war or during a national emergency and for having received an Honorable Discharge. Additionally, widows of servicemen who died while on active duty in the armed forces are eligible for Veteran's Preference. In order to receive credit, proof of your right to Veteran's Preference (DD214) must be submitted with this application.

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EDUCATIONAL BACKGROUND

	SCHOOL NAME and ADDRESS	ATTENDANCE	DID YOU GRADUATE?
HIGH SCHOOL		From: To:	Yes ? No ?
TRADE SCHOOL		From: To:	Yes ? No ?
UNIVERSITY		From: To:	Yes ? No ? Degree:
GRADUATE SCHOOL		From: To:	Yes ? No ? Degree:
OTHER		From: To:	Yes ? No ?

EMPLOYMENT HISTORY (List your most recent employment first)

EMPLOYER'S NAME and ADDRESS	POSITION HELD	EMPLOYMENT DATES	REASON FOR LEAVING
	Final Salary:	From: To:	
	Final Salary:	From: To:	
	Final Salary:	From: To:	
	Final Salary:	From: To:	

If you are presently employed, may we contact your employer? Yes  No

Have you ever been convicted of any violation of law other than minor traffic offenses? If "yes," describe below: Yes  No

**Note:** 1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a; 2) criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that of 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 3) that any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

By signing below, I do hereby give my permission and authorization for the City of Milford to obtain a copy of my Motor Vehicle Record (through its Insurance Agent/Broker/Consultant). The information obtained will be used for company insurance, safety, loss control, job qualification, and/or compliance purposes. If hired, or if currently employed, this Release and Authorization shall remain in effect during the term of my employment. The City reserves the right to run subsequent Motor Vehicle Reports on an as-needed basis.

"I hereby certify that the statements made by me on this application are complete and true to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification or dismissal, if hired. I further understand that, as a condition of employment, I am required to pass a physical examination prior to my employment."

SIGN HERE> \_\_\_\_\_

DATE> \_\_\_\_\_