



CITY OF MILFORD, CONNECTICUT

- Founded 1639 -

70 West River Street, Milford, CT 06460

(203) 783-3239

HRrecruit@milfordct.gov

**Human Resources
Department**

APPLICATION FOR EMPLOYMENT & EXAMINATION

INSTRUCTIONS FOR COMPLETION:

THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS.

Every section must be completed in full even if resume or other supporting documents are attached. You should not direct this Office to refer to a resume for information that is being asked on the application form. **You must answer all questions completely and accurately in order for your application to be given the proper consideration.**

INCOMPLETE APPLICATION WILL BE REJECTED.

- **LATE APPLICATIONS WILL NOT BE ACCEPTED.** Applications must be received in the Human Resources Department by the application deadline as stated on the job announcement. You must complete an application form in ink or typed print. You can complete an application form online at the City's website and print the application. You must sign your application in ink or with digital signature. Application closing dates are noted on each job announcement.
- **ALL APPLICANTS SHOULD READ THE JOB ANNOUNCEMENT OF THE JOB FOR WHICH YOU ARE APPLYING.** Specific job requirements will be noted under the section titled "Minimum Qualification Requirements."
- **EACH SECTION IN THE APPLICATION FORM MUST BE COMPLETED.** You can use additional sheets of papers to attach to your application if you need more space to provide complete information, especially as it pertains to your employment history. Applications submitted without completing each section will be rejected.
- **LICENSES AND CERTIFICATIONS** required for the position you are applying for must be listed and you must provide a copy of any and all licenses and certifications required, as stated on the job announcement. Applications submitted without providing a copy of the required licenses/certifications will be rejected.
- **YOU MUST ATTACH A CLEAR COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION FORM** if the job for which you are applying requires a driver's license. Applications submitted without providing a copy of your driver license will be rejected.
- **YOU MUST COMPLETE EACH SECTION OF EMPLOYMENT HISTORY.** You must complete "Describe Work Performed" completely. Do not write "see resume" in lieu of completing this information on the application form. Applications submitted without completing each line of this section will be rejected.
- **COMPLETING THE INVITATION TO SELF-IDENTIFY IS VOLUNTARY.** This information is needed to meet Federal and State reporting requirements and is also used to evaluate the effectiveness of our recruiting and testing procedures. This sheet is not seen by anyone making the hiring decision. Applications will not be rejected if you choose not to complete this voluntary information section.

CITY OF MILFORD - AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Milford is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities and persons with disabilities.



EMPLOYMENT APPLICATION

Human Resources Department
City of Milford
70 West River Street
Milford, CT 06460
(203) 783-3239

An Equal Opportunity Employer

Position applying for _____

Date _____

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: _____

☐ NQ

Reason: _____

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

Entire application must be completed in order for application to be considered.

PERSONAL INFORMATION

Last Name _____ First Name _____ M.I. _____ 000- _____
Last 6 digits of Soc. Sec. No. _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Mobile _____ Email _____

Are you legally eligible for employment in the U.S.? Yes No Are you 18 years of age or older? Yes No
(If hired, you will be required to provide proof of eligibility)

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

Do you claim 10 points veteran's disability preference? Attach copy of DD214 & other supporting documentation Yes No

List any relatives currently employed with the City: Name(s) _____ Job Title/Dept. _____

Have you read the job description explaining the essential duties of the position for which you are applying? Yes No

Are you able to perform the essential functions of the position for which you are applying? Yes No Date available to start _____

EDUCATION

High School(s) attended	City/State	Did you graduate?		
		Yes No		
		Yes No		
College/Institution attended	City/State	Dates attended	Degree/Certification	Major

EMPLOYMENT HISTORY

Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain: _____

Have you previously worked for the City of Milford? Yes No If yes, dates of employment: _____

Position/Department: _____

On the next page, list **ALL** present and past employment in reverse chronological order **BEGINNING WITH YOUR MOST RECENT EMPLOYMENT**. Applicants may be required to furnish satisfactory proof of employment history. Use additional pages if necessary. **Include resume with completed application, however, resume WILL NOT substitute completion of application.**

EMPLOYMENT HISTORY CONTINUED

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED

SPECIAL SKILLS/TRAINING

Typing speed: _____ words per minute

Business machines (other than computers) you are able to operate: _____

What computer experience do you have?

☐ Apple

☐ PC

Your skill level in Word can best be described as:

Your skill level in Excel can best be described as:

Your skill level in Outlook can best be described as:

Your skill level in PowerPoint can best be described as:

Your skill level in Access can best be described as:

Your skill level in Acrobat can best be described as:

Your skill level in Publisher can best be described as:

Describe any other software and level of skill or any other applicable abilities:

SPECIAL SKILLS/TRAINING

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those previously mentioned and any other special abilities or knowledge. Provide name and location where training was given, dates attended, subject of training, total number of training hours, and other details. Please also include any professional trade, business or civic activities and other offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

LICENSES, CERTIFICATIONS, REGISTRATIONS

If the position for which you are applying requires you to operate a vehicle, you must possess a valid driver's license and any special endorsements must be current and valid. NOTE: If applicable, if you are offered employment by the City of Milford, and if your driver's license is from another state, you will be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license? Yes No State _____ License # _____ Classification _____

Expiration Date _____ Endorsements _____

FINALISTS WILL BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT. Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.

PROFESSIONAL REFERENCES

List three professional colleagues who are not your relatives or employees of The City of Milford we may contact.

Name	Phone	Relationship

IMPORTANT: Read each of the following sections carefully and completely. If you do not understand any portion of the statements that follow, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

NOTICE TO PERSONS WITH DISABILITIES: Testing arrangements to accommodate persons with disabilities will be made upon request of the applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

PRE-EMPLOYMENT MEDICAL EXAMINATION: Applicants selected for employment will be required to pass a medical examination given by a physician designated by the City of Milford.

PROBATIONARY PERIOD: Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process or grievance procedure of any applicable collective bargaining agreement.

DRUG POLICY: It is the policy of the City of Milford to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. Employees in certain positions are subject to Federal laws requiring pre-employment, post-accident, and random drug testing.

UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

PRE-EMPLOYMENT STATEMENT

AGREEMENT: I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE, ACCURATE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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 OR WITHDRAWAL OF A JOB OFFER. FURTHER, FALSE INFORMATION PROVIDED, WHETHER WILLINGLY OR ACCIDENTALLY, MAY RESULT IN DISCIPLINE OR 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 REPRESENTATIONS 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 MILFORD. SHOULD I BE EMPLOYED BY THE CITY, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY ALL THE RULES, POLICIES AND REGULATIONS OF THE CITY OF MILFORD, AS THEY MAY FROM TIME TO TIME BE IMPLEMENTED OR REVISED. IDENTIFICATION AND VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR EMPLOYMENT.

I FURTHER UNDERSTAND THAT IN CONSIDERATION FOR EMPLOYMENT, AN INVESTIGATIVE BACKGROUND REPORT MAY BE PREPARED AT THE REQUEST OF THE CITY OF MILFORD, WHEREBY INFORMATION MAY BE OBTAINED FROM MY EMPLOYERS (PRESENT OR FORMER), EDUCATIONAL INSTITUTIONS, ALL BRANCHES OF THE U.S. MILITARY SERVICE, AND PUBLIC RECORDS MAINTAINED BY GOVERNMENT AGENCIES OR OTHERS, INCLUDING BUT NOT LIMITED TO CRIMINAL CONVICTION REPORTS, CREDIT REPORTS, ETC. I AUTHORIZE THE CITY OF MILFORD AND ITS DESIGNATED REPRESENTATIVE(S) TO PERFORM THIS INVESTIGATION, AND FURTHER AUTHORIZE PRESENT AND FORMER EMPLOYERS, REFERENCES AND OTHER PERSONS TO PROVIDE INFORMATION FOR THE INVESTIGATION. I ALSO AUTHORIZE THE CITY OF MILFORD TO RECEIVE CRIMINAL CONVICTION RECORDS PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY CRIMINAL JUSTICE AGENCY

I UNDERSTAND THAT ACCEPTANCE FOR EMPLOYMENT SHALL DEPEND ON SATISFACTORY REPLIES FROM MY REFERENCES AND OTHER BACKGROUND CHECKS. ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG TEST AND MEDICAL EXAMINATION. I AUTHORIZE MEDICAL PROVIDER(S) TO RELEASE ANY/ALL MEDICAL INFORMATION TO THE CITY PURSUANT TO ITS PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN PROCEDURES IN ACCORDANCE WITH HIPAA.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MILFORD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

I affirm and certify that I have read all of the information above and that all answers to the questions herein are complete, true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any facts may render this application void and will be cause for disqualification, whenever discovered.

SIGNATURE APPLICANT _____

DATE _____



INVITATION TO SELF-IDENTIFY

City of Milford

Position applying for
(use the title that appears on the job announcement)

SECTION 1: CANDIDATE INFORMATION

It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, all applicants are strongly urged to complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

SECTION 2: GENERAL INFORMATION

Name _____ Date _____

Social Security Number 000 _____ (Last six digits ONLY)

SECTION 3: STATISTICAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? (Please mark the ONE BOX that describes the race/ethnicity category with which you primarily identify.)

Race/Ethnic Identification

- ☐ American Indian or Alaska Native (Not Hispanic or Latino) All persons 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 (Not Hispanic or Latino) All persons 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 Hispanic or Latino) All persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
- ☐ White (Not of Hispanic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Two or more races A person who primarily identifies with two or more of the above race/ethnicity categories.

Gender ☐ Male ☐ Female

SECTION 4: NON-PARTICIPATION

Please check box if applicable

I have read the above statement and have chosen not to complete this form. ☐

SECTION 5: RECRUITING INFORMATION

How did you hear about this job? (Please check one.)

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> City Employee
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> City Website	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> State of CT job site	<input type="checkbox"/> Other (please specify):