



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.



PROMOTIONAL 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

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

Home Address City State Zip

Home Telephone _____ Mobile _____ Email _____

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	Did you graduate?	Degree/Certification/Credits	Major
		Yes No		
		Yes No		
		Yes No		

VETERAN'S / SENIORITY POINTS

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

Seniority points are given for service to City employees as follows: Two (2) points for five (5) full years of service, ½ point for each additional full year.

*Seniority points are only added to passing exam scores. If you fail the exam, seniority points are omitted.

Date of Hire: _____ Seniority Points: _____

EMPLOYMENT HISTORY

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

Snowplowing: Describe any experience you may have had snowplowing. Please include the size of the plow(s) you have driven, number of months/ years of experience and type of area(s) plowed (roads, driveways, parking lots, etc.)

Light Equipment:

What best describes your skill level with a payloader? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used
 What best describes your skill level with a backhoe? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used
 What best describes your skill level with a small tractor? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

Heavy Equipment:

What best describes your skill level with a grader? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used
 What best describes your skill level with a Cat 225 excavator? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used
 What best describes your skill level with a bulldozer? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

Other Training/Skills: 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 mentioned in the previous page, and any other special abilities or knowledge. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

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 _____