



# SEASONAL 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 \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

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

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: \_\_\_\_\_

☐ NQ

Reason: \_\_\_\_\_

## 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)

List any relatives or members of your household who are currently employed with the City of Milford

Name(s) \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_

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

## 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 \_\_\_\_\_

List below **ALL** present and past employment. **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS CONSECUTIVELY.**  
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.**

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: (DO NOT WRITE "SEE RESUME"):	

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: (DO NOT WRITE "SEE RESUME"):	

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					

\*\*\*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:

**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.

## DRIVER'S LICENSE

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 \_\_\_\_\_    Expiration Date \_\_\_\_\_    Classification \_\_\_\_\_

License # \_\_\_\_\_ 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.

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