



TOWN OF ESSEX

APPLICATION FOR EMPLOYMENT

The Town of Essex provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. In addition to federal law requirements, the Town of Essex complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Position(s) applying for:	
Date:	Name (Last/First/Middle):
Street Address:	Telephone Number:
City/State/Zip:	Cell Phone Number:
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	On what date would you be available to work:
If under 18 years old, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address: _____	

Referral Source:
 Advertisement
 Friend
 Relative
 Walk In
 Town Web Page
 Other

EMPLOYMENT HISTORY

Start with your present or last job and go back ten years. Include military service assignments and volunteer positions. Do not leave any positions out. Use extra sheets if necessary.

May the Town contact your present employer?
 Yes
 No

1.	Employer Name & Address	Job Title:
	_____	Describe Work Performed:
	_____	Dates Employed From/To:
	_____	Reason for Leaving:
Phone Number: _____		
2.	Employer Name & Address	Job Title:
	_____	Describe Work Performed:
	_____	Dates Employed From/To:
	_____	Reason for Leaving:
Phone Number: _____		

EMPLOYMENT HISTORY (Continued)		
3.	Employer Name & Address _____ _____ _____ Phone Number: _____	Job Title: _____ Describe Work Performed: _____ _____ Dates Employed From/To: _____ Reason for Leaving: _____
4.	Employer Name & Address _____ _____ _____ Phone Number: _____	Job Title: _____ Describe Work Performed: _____ _____ Dates Employed From/To: _____ Reason for Leaving: _____

EDUCATION			
Schools/Colleges	Location	Dates: From/To:	Diploma/Degree
Describe any specialized training, apprenticeship, certifications, special job-related skills and qualifications: _____ _____ _____			
Describe any honors you have received: _____ _____ _____			
List professional, trade, business or civic activities and offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.) _____ _____ _____			

List any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied? Yes No

REFERENCES

Please provide names, addresses and telephone numbers of three references who are not related to you and are not previous employers.

Name	Address	Telephone

Have you ever worked for the Town of Essex or Region 4 Schools in any capacity? Yes No

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized representative of the Employer.

All candidates who have received a written offer of employment will be required to undergo pre-employment testing.

I certify that the answers given here are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I also understand that if I am employed by the Town of Essex, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the Town of Essex.

Signature

Date

Please return this application to:

First Selectman's Office, Town of Essex, 29 West Avenue, Essex, CT 06426

DRUG SCREENING CONSENT FORM

I, _____, hereby consent to a drug test in order to qualify for employment with The Town of Essex. I understand that the Town of Essex screens all employees for controlled substances before commencement of employment.

I also understand that the Town of Essex may test me during my employment if reasonable suspicion of drug use exists.

I further understand that my employment or prospective employment with the Town of Essex may be affected should a positive drug result occur and that a positive result may be used as a basis to disqualify me for employment with the Town of Essex.

I am not waiving my right to contest the accuracy of the result of said drug test, and, should a positive test occur, I understand that I have the right to receive a copy of said result.

I understand that any information concerning the results of the drug test conducted by the Town of Essex shall be confidential and shall not be released to anyone except necessary managerial and supervisory personnel.

I have read the foregoing and understand and agree to it. I am signing this Consent Form of my own free will without coercion or duress.

Dated this _____ day of _____, 20____.

Job Applicant's Signature

Job Applicant's Printed Name

Witness



TOWN OF ESSEX

29 WEST AVENUE, ESSEX, CT 06426

BOARD OF SELECTMEN

Voluntary Equal Employment Opportunity Survey

INSTRUCTIONS PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

As an affirmative action employer, we are required to record the demographics of our applicants. This information does not influence decision making relating to any employment matter, and we appreciate your cooperation in providing this information. You are not required to furnish this information, but are invited to voluntarily self-identify their race/ethnicity. This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Position Applied For: _____

INVITATION TO SELF-IDENTIFY - 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.

Please indicate the race/ethnic group with which you identify:

- Hispanic or Latino: a person of Mexican, Puerto Rican, Cuban, Central or South American, or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups, found below).
- White: a person having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American: a person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian: – a person 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 Island, Thailand, and Vietnam
- American Indian or Alaskan Native: a person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment
- Two or More Races: a person who identifies with more than one of the above race/ethnicity categories

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes, and will not influence the application or hiring process.