



# CITY OF NORWICH

An Equal Opportunity and Affirmative Action Employer

## APPLICATION FOR EMPLOYMENT

Human Resources Department, City Hall, Room 213  
 Norwich, CT 06360  
 Phone (860) 823-3836 Fax (860) 823-3848

DO NOT WRITE IN THIS SPACE

<input type="checkbox"/>	Q	<input type="checkbox"/>	V
<input type="checkbox"/>	NQ	<input type="checkbox"/>	DV
<input type="checkbox"/>	Res		
<input type="checkbox"/>	Educ		
<input type="checkbox"/>	Exp		
<input type="checkbox"/>	Not City Emp		
<input type="checkbox"/>	Other _____		

P.D. 6/07

(COMPLETE IN INK)

1. NAME OF POSITION APPLYING FOR (USE TITLE ON JOB ANNOUNCEMENT)		EXAM NO.
2. Your Name		
(PRINT)	LAST NAME	FIRST MIDDLE
3. Address		
NO. AND STREET, R.D. OR P.O. BOX		APT. NO.
CITY	STATE	ZIP CODE

Notes:

4. Are you at least 18 years of age?  
 (PLEASE DO NOT INDICATE AGE)

5. **NOTE:** IF YOU ARE AMONG THE FINALISTS FOR THIS POSITION, YOU WILL BE REQUIRED TO PROVIDE INFORMATION PERTAINING TO ANY CRIMINAL CONVICTIONS. A CRIMINAL BACKGROUND INQUIRY WILL BE CONDUCTED FOR ALL CANDIDATES WHO RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT.

6. Social Security Number:

7. Your Telephone Number

Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

9. EDUCATION

A. Did you graduate from high school?  
 (Please do not indicate year of graduation)

YES	NO	HIGHEST GRADE COMPLETED
<input type="checkbox"/>	<input type="checkbox"/>	

B. If you have a high school equivalency certificate (GED), give the year and place the certificate was granted.

YEAR	PLACE

C. Give last high school, grade school, or trade school you attended.

NAME OF SCHOOL	LOCATION (CITY & STATE)	COURSE

D. List any colleges, business schools, or technical schools you attended.

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DATES ATTENDED	DEGREE OR CERTIFICATE RECEIVED

E. SPECIAL SKILLS OR ABILITIES: Special licenses; machines you operate; languages other than English which you speak, read and write well; typing; and any other special abilities or knowledge related to the job for which you are applying.  
 OTHER TRAINING: (special courses, work training programs, armed forces training). Give name and location, where training was given, certificate (if any), dates attended, subject or training, number of hours weekly, and other details related to the job for which you are applying.

NOTE: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment.

(SEE REVERSE SIDE)

COMPLIANCE INFORMATION

The following information is needed for compliance with government selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.

Your Name \_\_\_\_\_  
 Job Applied for \_\_\_\_\_  
 Sex (Please Check) Male \_\_\_\_\_ Female \_\_\_\_\_  
 Describe yourself in terms of one of the following groups. (check one) Date: \_\_\_\_\_

- A. American Indian
- B. Black/AfroAmerican
- C. White/Caucasian
- D. Hispanic/Spanish Surname
- E. Oriental/Asian American
- F. Other: \_\_\_\_\_

**10. EXPERIENCE.** Start with your present or last job and work back listing all paid or unpaid, full-or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of plain paper if you need more space. Work performed more than 10 years ago may be given if it applies to the job you want.

Yes      No

Is it okay if we contact your present employer to verify your past duties?

    

Note: We may need to contact any previous employer to verify your past duties.

STARTING DATE MONTH / YEAR	ENDING DATE MONTH / YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
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SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR	
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REASON FOR LEAVING

Your present or last job title: \_\_\_\_\_  
Your duties: \_\_\_\_\_

STARTING DATE MONTH / YEAR	ENDING DATE MONTH / YEAR	NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER	
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SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR	
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REASON FOR LEAVING

Your job title: \_\_\_\_\_  
Your duties: \_\_\_\_\_

STARTING DATE MONTH / YEAR	ENDING DATE MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	
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SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR	
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REASON FOR LEAVING

Your job title: \_\_\_\_\_  
Your duties: \_\_\_\_\_

STARTING DATE MONTH / YEAR	ENDING DATE MONTH / YEAR	NAME AND ADDRESS OF EMPLOYER	
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SALARY	HOURS PER WEEK	NAME, TITLE, AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR	
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REASON FOR LEAVING

Your job title: \_\_\_\_\_  
Your duties: \_\_\_\_\_

**11. Veterans** may be eligible for veteran's preference points. Applicants must have served in the armed forces during periods prescribed by law and must have received an honorable discharge. **FOR VETERAN'S PREFERENCE, PLEASE ATTACH A COPY OF YOUR DD214, SHOWING DISCHARGE STATUS, TO YOUR APPLICATION.** The **DD214** is the only acceptable documentation. Disabled veterans must also provide proof of medical disability.

Indicate Branch of Service \_\_\_\_\_  
Honorable discharge: From \_\_\_\_\_ To \_\_\_\_\_  
Military Disability: Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION:** I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed.

DATE

SIGNATURE OF APPLICANT

**RECRUITING INFORMATION**

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

- A. Norwich Bulletin
- B. New London Day
- C. Other newspaper. Please give name: \_\_\_\_\_
- D. Professional journal. Please give name: \_\_\_\_\_
- E. Human Resources Dept. Bulletin Board
- F. Radio/TV. Please give station or channel: \_\_\_\_\_
- G. Community agency. Please give name: \_\_\_\_\_
- H. Present City employee
- I. Other. Please specify: \_\_\_\_\_