Employment Application City of Derby, CT

GENERAL INFORMATION: Name _____ Telephone Number, Home & Cell ______ Position Applying for ______ Full-Time () Part-Time () How did you hear about this posting? **INSTRUCTIONS:** Fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant giving false information will be subject to disqualification as an applicant. If a guestion does not apply to you, write N/A (not applicable). If the space provided is inadequate, please document the additional information on a separate sheet of paper (8.5 x 11) and indicate the question you are responding to. More than one answer may be put on a sheet. This application form should be legible in black or blue ink. PERSONAL INFORMATION: Work Authorization: If hired can you provide proof of your identity and authorization to work in the United States: YES () NO () If yes, verification will be required at the time employment begins. Have you ever been employed by the City of Derby? YES () NO () If yes, what department and when?

Is any member of your immediate family now employed by The City of Derby?

YES () NO () If yes, name:

| Have you graduated from high | school or received a high school equivale | ency diploma? | YES () NO () |
|----------------------------------|---|-------------------------------|----------------|
| If yes, Name and Address of Sch | nool: | | |
| Please indicate highest grade co | ompleted: | | |
| | have had since high school in professior | | = |
| School | Courses or Major Field of Study | Degree Completed & Awarded | |
| | | YES () | NO () |
| | | YES () | NO () |
| | | YES () | NO () |
| | | YES () | NO () |
| • • • • • • • • | elf-employment) beginning with current | | |
| Supervisors Name: | | | |
| Full or Part-Time: | Salary: Starting: | Final: | |
| | To: | | |
| Reason for Leaving: | | | |
| Position/Title: | | | |
| Specific Duties: | | | |
| | | | |

| Employer Firm/Address: | | | |
|-------------------------------|----------------------------|------------------------------|--------------|
| Supervisors Name: | | | |
| Full or Part-Time: | Salary: Starting: | Final: | |
| Employment Dates: From: | | To: | |
| Reason for Leaving: | | | |
| Position/Title: | | | |
| Specific Duties: | | | |
| Employer Firm/Address: | | | |
| Supervisors Name: | | | |
| Full or Part-Time: | Salary: Starting: | Final: | |
| Employment Dates: From: | | To: | |
| Reason for Leaving: | | | |
| Position/Title: | | | |
| Specific Duties: | | | |
| | | | |
| OTHER LICENSES, CERTIFICATION | ONS OR SKILLS APPLICAB | LE TO POSITION: | |
| Computer systems, office mach | ines or related equipmer | nt which you can operate (if | applicable): |
| Heavy equipment which you ca | n operate (if applicable): | | |

| Driver's License: (i | f applicable to job) | |
|----------------------|--|-----------------------------------|
| STATE: | NUMBER: | _TYPE: |
| | cific professional licenses, cei uld be related to the position | , skills or equipment you can |
| | | |
| | | |

REFERENCES:

| <u>Name:</u> | Relationship: | Phone & Email: | Years Known: |
|--------------|---------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Release of liability for background information and authorization to contact references:

I hereby release all persons and entities listed on my application from all liability for damages for providing background information to the City or its legally authorized agents. I authorize the City to ask the persons or entities listed as references identified on my application any questions concerning my work history, positions held, skills or other relevant questions about my work experience.

Applicant Authorization Statement

I certify that the facts contained in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire me, or discharge if I have been employed, no matter when discovered by The City of Derby.

I also understand that employment is contingent upon completion of a satisfactory background investigation and positive references. The background screening may include; education verification, criminal records search, employment history verification and reference confirmation; and may also include credit information, depending on the position I am applying for. I understand that I have the right to request the information received from your investigation, and I must make this request in writing within a reasonable time after you complete this process. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the City without giving me prior notice of such disclosure. In addition, I release

the City and any former employers, and all references named on my application from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing.

I understand that if offered a position I will be required to attest to my identity and employment authorization and eligibility, and to present documents confirming my identity and employment eligibility. I agree and understand that I cannot be hired and cannot work if I cannot comply with these requirements.

Notice to applicants and employees

EQUAL OPPORTUNITY EMPLOYER

The City of Derby is an Equal Opportunity Employer. State and Federal law prohibit discrimination on the basis of race, color, religious creed, age, sex, sexual preference, marital status, national origin, ancestry, present or past history or mental or physical disability, except in cases of a bona fide occupational qualification.

PHYSICAL EXAMINATION AND DRUG TEST

I understand that, upon receiving a conditional offer of hire from The City of Derby, I may be required to pass a physical examination prior to actual employment to verify ability to meet the job requirements. The City of Derby is a drug free workplace. The City of Derby requires successful completion of a urinalysis drug test as part of its post-offer screening process. Drug tests are conducted by an outside professional laboratory.

DISABILITY ACCOMODATIONS

Under the Americans with Disabilities Act, the City of Derby is required to provide reasonable accommodations to qualified disabled applicants and employees for the employment process. Reasonable accommodations will be provided upon request to qualified disabled persons if such accommodations are necessary for applicants to compete equitably in the employment process, or for an employee to perform the essential functions of his or her job. Requests for such accommodations should be made in a timely fashion to the Human Resources Department so that The City of Derby can make any necessary arrangements.

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT ACT DISCLOSURE

As part of the hiring process, The City of Derby will conduct a background check. If you are hired, The City of Derby may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, The City of Derby may obtain a "consumer report" from a "consumer reporting agency." These terms ae defined in the Fair Credit Reporting Act (FCRA), which applies to you. A consumer report includes information regarding such issues as your credit standing, character and general reputation. If The City of Derby obtains a "consumer report" about you and if The City of

Derby considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Because we are required to notify applicants of our policies, we ask that you sign and date this notice.

I also understand that employment with the City is contingent upon successful completion of a negative drug screen, and I consent to the drug test. I also request that the examining doctor, laboratory testing service or other duly authorized party disclose to the City the results of my test, and that these results shall remain confidential.

I also understand that no manager, supervisor or other individual of The City of Derby has authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the City should be interpreted to make such a guarantee. Nothing stated by the City, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the applicant and The City of Derby.

By signing below, I certify that I have read, fully understand and accept all terms in the foregoing statement. *PLEASE DO NOT SIGN UNTIL YOU HAVE CAREFULLY READ THE ABOVE STATEMENT IN ITS ENTIRETY*.

I have read and agree to the above Applicant Authorization statement

| Signature of Applicant: |
|---|
| Date: |
| WE ARE AN EQUAL OPPORTUNITY EMPLOYER |
| It is the Policy of The City of Derby to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, veteran status, sexual orientation, gender identity or expression, or disability. |
| |
| City of Derby, CT |
| YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED. |
| Signature: |
| Date: |