EMPLOYMENT APPLICATION
CITY OF WEST HAVEN, CT

Personnel & Labor Relations • (203) 937-3560
355 Main Street, West Haven, CT 06516

FOR OFFICE USE ONLY
☐ Q Rev. by: _____
☐ NQ
Reason: _____
_____
_____

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

POSITION(S) APPLYING FOR: _____ DATE: _____

The City of West Haven is an equal opportunity agency and does not discriminate in its hiring practices, promotional policies on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or expression, age, ancestry, marital status, disability, veteran status, attainment of benefits and any other basis prohibited by Connecticut or Federal law. The City of West Haven complies with the concepts and practices of Affirmative Action.

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

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

PERSONAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Address: _____
NO. STREET CITY ST ZIP

Telephone Number: _____ Email: _____

Are you legally eligible to work in the United States? Yes ____ No ____
If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you at least eighteen years of age? Yes ____ No ____
If no, hire is subject to verification that you are of the minimum legal age.

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodations? Yes ____ No ____

If you are required special assistance or accommodation in order to do so, describe what assistance or accommodations you believe would be required. _____

_____

If application is considered favorably, on what date will you be available for work? _____

List any relatives currently employed with the City:

Name(s) _____ Job Title/ Dept._____

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		

Describe any other job-related training or education received:

_____

_____

EMPLOYMENT HISTORY

Have you previously worked for the City of West Haven? Yes ____ No ____

If yes, dates of employment? _____

Position/Department? _____

Are you a veteran? Yes ____ No ____

If yes, how many years did you serve in the military? _____

Have you ever been discharged or asked to resign from a job? Yes ____ No ____

If yes, please explain: _____

_____

Do you have a valid Driver's License? ____ Yes ____ No

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.

State _____ License # _____ Classification _____

Expiration Date _____ CDL # _____

Endorsements _____

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.**

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 performed work below:	

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REFERENCES

Please give names of those who have closely observed your work and who have firsthand knowledge of your character and ability. A letter of recommendation will be required for each reference listed.

Full name	Official Position	Address	Telephone 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 West Haven I should 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 West Haven 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 West Haven, 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, included but not limited to criminal conviction reports, credit reports, etc. I authorize the City of West Haven 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 West Haven 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 and medical examination. I authorize medical provider(s) to release any/all medical information to the City of West Haven pursuant to its pre-employment physical and drug screen procedures 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 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 West Haven, 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 of Applicant: _____ Date: _____

Fair Credit Reporting Act Disclosure Statement

By this document, I (applicant name) _____ discloses to you that a consumer report, including an investigative consumer report containing information as to my character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

_____ _____

Signature Date

_____

Printed Name

CONFIDENTIAL

CITY OF WEST HAVEN
INVITATION TO SELF-IDENTIFY
COMPLETION OF THIS FORM IS VOLUNTARY

SECTION 1: CANDIDATE INFORMATION

We are an Affirmative, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

SECTION 2: GENERAL INFORMATION

Name: _____ Position: _____

Social Security Number: ___000 00_____ (Last four digits) Date: _____

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.)

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 Philippine 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 Hispanic or Latino) 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

I have read the above statement and have chosen not to complete this form. Please check box if applicable ☐

SECTION 5: RECRUITING INFORMATION

How did you hear about this job?

☐ Word of mouth	☐City of West Haven Career Center
☐City Employee (give name):	☐Personnel Department
☐Internet (list site):	☐State of CT job site
☐Community Agency (give name):	☐Other (please specify):

Signature _____ **Date** _____

CONFIDENTIAL

Voluntary Self-Identification of Veteran Status

This employer is a Government Contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- Disabled veterans
- Recently separated veterans
- Active-duty wartime or campaign badge veterans
- Armed Forces service medal veterans

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service
- An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you may belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on the next page.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS

(CHOOSE ALL THAT APPLY):

☐ DISABLED VETERAN

☐ RECENTLY SEPARATED VETERAN

Date of Discharge or Release: _____

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCED SERVICE MEDAL VETERAN

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

☐ I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work of duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Employee Name _____ **Date** _____

Signature _____

Position Title _____