



West Hartford Plant & Facilities Services Department

17 Brixton Street, West Hartford, Connecticut 06110 -- Telephone (860) 561-7920

APPLICATION FOR CUSTODIAL/MAINTENANCE EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION

In compliance with the Freedom of Information Act, this application and information contained herein may be considered a matter of public record.

The Town of West Hartford and the Board of Education does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, age, physical disability or covered veteran status. No question on this application is intended to secure information to be used for such discrimination.

Please return this application to the West Hartford Plant & Facilities Services Department, 17 Brixton Street, West Hartford, CT 06110. If you have questions, call (860) 561-7920

An Equal Opportunity Employer M/F Town of West Hartford and the West Hartford Public Schools

Please answer every question on this application. Please print in ink. An incomplete application will not be considered.

I. POSITION(S) APPLYING FOR OR TYPE OF WORK INTERESTED IN

A. _____

B. _____

II. PERSONAL INFORMATION

Name: _____
First Middle Initial Last

Social Security #: _____

Address: _____
Number Street

Home Telephone Number: _____

City State Zip

Cell phone Number: _____

Are you over age 18? Yes _____ No _____

III. AVAILABILITY

Date available for work: _____

Full time: _____ Part-time: _____ Hours available: _____

Would you accept a position which required evening, shift or weekend work? Yes _____ No _____

IV. EDUCATION

Name	Address	City	State	Major Course or Subject	Last Year Completed	List Degree Received
GED Equivalency	Where obtained: _____					Date: _____
High School or Prep.					1 2 3 4	
College					1 2 3 4	
Graduate Work					1 2 3 4	

V. SPECIALIZED TRAINING OR SKILLS

List any special qualifications or certifications/licenses which you feel may especially qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships).

VI. ADDITIONAL PERSONAL INFORMATION

Have you ever been convicted of a crime? Yes _____
No _____

Do you have criminal charges pending against you at this time? Yes _____ No _____

Have you been dismissed or asked to resign from any position? Yes _____ No _____

If you answered yes to any of the above questions, please explain, in writing, the circumstances and attach a statement to this form.

VII. REFERENCES

List below 3 individuals (not relatives) who know your character, ability, and experience.

_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone

VIII. EMPLOYMENT RECORD

In the space provided below, give your employment history beginning with your most recent employer and work backwards listing all previous employers for the past 10 years. Include any applicable military and voluntary positions. Use additional sheets of plain paper if you need more space.

May we contact your present employer? Yes _____ No _____

1) Name & address of employer: _____

Starting Date: Month _____ Year _____ Ending Date: Month _____ Year _____

Salary: Beginning: _____ Present/Ending: _____ Hours per week: _____

Name and title of your supervisor: _____

Reason for leaving: _____

Your duties: _____

IX. CERTIFICATION

My signature authorizes the Town of West Hartford and/or the West Hartford Public Schools to verify any of the information that I have provided and deems all information to be true. I understand that any misrepresentation or false statements on this application will be sufficient reason not to employ me or grounds for dismissal should I obtain employment with the Town of West Hartford and or the West Hartford Public Schools. I understand that a fingerprinting and criminal history record will be obtained should I be offered employment. The cost of said fingerprinting will be borne by the applicant.

I hereby acknowledge that I have read the above statements and understand them.

Signature: _____	Date: _____
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Town of West Hartford

AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: The completion of this form is voluntary. However, the information is needed for compliance with governmental 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.

1. Position Applied For: _____

2. Age (Please check one)

_____ 16 or less _____ 41 to 65

_____ 17 to 25 _____ 66 or older

_____ 26 to 40

3. Sex:

_____ Male

_____ Female

4. Ethnic Racial Status (Please check one only)

_____ White _____ Hispanic _____ American Indian/Alaskan Native

_____ Black _____ Asian/Pacific Islander

5. _____ Disabled Veteran _____ Vietnam Era Veteran

6. HOW DID YOU HEAR ABOUT THIS JOB?

- | | |
|------------------------------------|-------------------------------------|
| a) _____ Hartford Courant | h) _____ Minority Agency _____ |
| b) _____ Hartford Inquirer | i) _____ Female Agency |
| c) _____ New Britain Herald | j) _____ Radio/Television |
| d) _____ West Hartford News | k) _____ A current employee |
| e) _____ CT Employment Service | l) _____ Professional Journal _____ |
| f) _____ Professional Organization | m) _____ Private Employment Agency |
| g) _____ New England Minority News | n) _____ Other _____ |

I certify that the above information is true and correct:

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____

SIGNATURE _____

AFFIRMATIVE ACTION

The Town of West Hartford, in compliance with Title 1 of the Americans with Disabilities Act of 1990 (ADA), AND Section 503 of the Rehabilitation Act of 1973, takes affirmative action to employ and advance in employment qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job with our without accommodation? ____ Yes ____ No

If you are disabled, are there any accommodations needed to participate in the application process or accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations? ____ Yes ____ No If "Yes", please explain:
