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

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<th>A.</th>
<th>B.</th>
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II. PERSONAL INFORMATION

Name: ____________________________

Social Security #: ____________________________

First  Middle Initial  Last

Address: ____________________________

Number  Street

Home Telephone Number: ____________________________

Cell phone Number: ____________________________

City  State  Zip

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

<table>
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<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Major Course or Subject</th>
<th>Last Year Completed</th>
<th>List Degree Received</th>
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</thead>
<tbody>
<tr>
<td>GED Equivalency</td>
<td>Where obtained:</td>
<td>Date:</td>
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<tr>
<td>High School or Prep.</td>
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<tr>
<td>College</td>
<td>1 2 3 4</td>
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<td>Graduate Work</td>
<td>1 2 3 4</td>
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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.

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<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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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: __________________________

Revised 03/02/2015
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

   _________ Disabled Veteran  _________ Vietnam Era Veteran

5. 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________