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DEPUTY MAYOR
ROSE MARIE ANGELONI
TOWN MANAGER
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TOWN OF NORTH BRANFORD

TOWN HALL, 909 FOXON ROAD, NORTH BRANFORD, CONNECTICUT 06471
TOWN MANAGER (203) 484-6000 TOWN HALL FAX (203) 484-6025

APPLICATION FORM

INSTRUCTIONS FOR COMPLETION

Please complete **all** sections of this application. An incomplete application will not be considered. You may attach additional sheets for your responses. The selection process will involve a review of this application. The Town may require applicants to undergo a job-related testing procedure. Finalists will be invited to participate in a formal interview.

APPLICATION FOR THE POSITION OF:

NAME: _____
Last First Middle Initial

ADDRESS: _____
Street City, State Zip Code

TELEPHONE: _____
Home Cell Work

_____ Email address

PERSONAL DATA:

1. Are you over 18 years of age? Yes [] No []
2. Do you have the legal right to work in the United States? Yes [] No []
3. Have you ever served in the U.S. Armed Forces? Yes [] No []

(IF YES, YOU WILL BE REQUIRED TO PROVIDE A COPY OF YOUR DD214, SHOWING DISCHARGE STATUS)

In compliance with Federal nondiscrimination laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability. In addition, the Town complies with applicable state and local laws governing nondiscrimination in employment.

AN EQUAL OPPORTUNITY EMPLOYER M/F



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PERSONAL DATA (continued):

4. Social Security Number: _____
 (Your Social Security Number will be used should a criminal background check be required.)
5. Are you able to perform the essential functions listed in the job description without reasonable accommodation?
 Yes [] No []
- If no, what can be done to accommodate your limitation? _____
6. How did you learn of our organization: _____

EDUCATION

	Name of School/Program	Graduated	Type of Degree	Coursework /Major
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TECHNICAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER TRAINING OR PROFESSIONAL CERTIFICATIONS (Explain)				

Employment History:

Start with your current or most recent position and work backwards. Use additional sheets of paper if you need more space. **Resumes may be submitted but are not a substitute for the requested information.**

1. _____
 Name of Employer
- _____
 Job Title
- _____
 Duties and Responsibilities:
- _____
- _____
- _____
- Reason for Wanting to Leave: _____
- Name and Title of Immediate Supervisor: _____
- Telephone Number: _____

EMPLOYMENT HISTORY (continued):

2.

Name of Employer

Employment Dates

Job Title

Final Salary

Duties and Responsibilities: _____

Reason for Wanting to Leave: _____

Name and Title of Immediate Supervisor: _____

Telephone Number: _____

3.

Name of Employer

Employment Dates

Job Title

Final Salary

Duties and Responsibilities: _____

Reason for Wanting to Leave: _____

Name and Title of Immediate Supervisor: _____

Telephone Number: _____

4.

Name of Employer

Employment Dates

Job Title

Final Salary

Duties and Responsibilities: _____

Reason for Wanting to Leave: _____

Name and Title of Immediate Supervisor: _____

Telephone Number: _____

May we contact your **present employer** regarding your employment record? Yes [] No []

May we contact your **past employer(s)** regarding your employment record? Yes [] No []

REFERENCES:

Please list three references qualified to comment on your work experience. On the "relationship" line explain how this person knows you and your work experience.

1. Name: _____
Telephone Number: _____ [Home] [Office]
Area Code Number
Relationship: _____

2. Name: _____
Telephone Number: _____ [Home] [Office]
Area Code Number
Relationship: _____

3. Name: _____
Telephone Number: _____ [Home] [Office]
Area Code Number
Relationship: _____

ADDITIONAL COMMENTS AND INFORMATION:

Please use the space below for any other comments or information that you feel is important to your candidacy, including salary expectations.

CERTIFICATION AND AUTHORIZATION:

I CERTIFY that all of the statements made in this Application are true, complete and correct to the best of my knowledge. I understand that any false, misleading, or incomplete information given in my application or interview(s) may result in disqualification or in discharge from employment. In the event of employment, I further understand that I am required to abide by all rules and regulations of the Town of North Branford.

My signature authorizes the Town of North Branford to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees and information needed to complete a criminal background check. It also authorizes the Town to make such investigations and inquiries of other employment-related information deemed necessary from former employers, personal references or other sources as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant

Date