

APPLICATION FOR EMPLOYMENT

TOWN OF WATERFORD

Equal Opportunity Employer

It is the policy of the Town of Waterford to provide equal opportunity without regard to race, color, sex, gender, pregnancy, age, disability, religion, national origin, marital status, sexual orientation, ancestry, gender identity or expression, or any other criteria protected under applicable federal and/or state law. All questions must be answered and application signed.

Last Name	First	Middle	Date of Application					
Street Address			Home Phone					
City, State, Zip			Mobile/Cell Phone					
Email Address			Work/Business Phone					
When is the best time to reach you? <input type="checkbox"/> AM <input type="checkbox"/> PM			May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked for the Town of Waterford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your dates of employment and reason(s) for leaving employment:			Position Applying for:					
			Pay Expected:					
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your date of birth: Month _____ Day _____ Year _____			What date will you be available to begin work?					
Can you furnish a Statement of Age/Working Paper as appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you furnish proof of your right to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License Number: _____ Special Endorsements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:					
			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If hired, is there anything which would prevent you from reporting to work each day on time and performing the essential functions of the position(s) applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:								
Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours Available per Week
FROM								
TO								
If hired, would you work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary								
Are you willing to work more than the regularly scheduled or normal hours for the position, when and as required? <input type="checkbox"/> Yes <input type="checkbox"/> No								

EDUCATIONAL BACKGROUND

School	Name and Location of School	GPA or Class Rank	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you going to school now? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, do you take: <input type="checkbox"/> Day Classes <input type="checkbox"/> Evening Classes						

EMPLOYMENT HISTORY

The Town of Waterford reserves the right to contact prior and current employers. Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience, if applicable. Do not indicate "see resume."

1	Company Name and Mailing Address	Business Phone
	Job Title and Name of Supervisor	Employed (Month and Year) From: To:
Describe Your Work	Starting Weekly Pay: Ending Weekly Pay:	
Reason for Leaving Employment		

2 Company Name and Mailing Address	Business Phone
	Employed (Month and Year) From: To:
Job Title and Name of Supervisor	
Describe Your Work	Starting Weekly Pay: Ending Weekly Pay:
Reason for Leaving Employment	

3 Company Name and Mailing Address	Business Phone
	Employed (Month and Year) From: To:
Job Title and Name of Supervisor	
Describe Your Work	Starting Weekly Pay: Ending Weekly Pay:
Reason for Leaving Employment	

4 Relatives: List the names of any and all relatives (blood or otherwise) who currently work for the Town of Waterford or the Waterford Public Schools. If you know the title of the position held by your relative, please list the position.

Name of Relative	Nature of Relationship (e.g., mother, father, sister, etc.)	Position Held
1.		
2.		
3.		

5 References: List the name, nature, address and telephone number of three references. (References may *not* be related to you.)

Name/Address	Nature of Reference (e.g., personal, work, volunteer)	Phone Number
1.		
2.		
3.		

6 Certifications & Special Training: List any and all Special Training and/or Certifications and the dates received.

Special Training/Certification	Date Initially Received	Certification Current
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No

7 Please indicate any other relevant training and/or experience you have that is not listed above.

8 Please list any relevant work and/or volunteer experience you have that is not listed above.

9 Please list any special skills, training, interests or hobbies.

DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST

Please be advised that prior to making a decision regarding your hire, the Town of Waterford may conduct a urinalysis drug test as part of the application process. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.

I certify by my signature below that I have read and reviewed the "Disclosure and Acknowledgment of Intent to Conduct Drug Test," and I understand that I may be required to submit to a drug test as part of the application process.

Date: _____

Signature: _____

Printed Name: _____

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING DRIVING HISTORY INFORMATION
REQUEST**

I certify by my signature below that I understand that if I am offered and accept employment, a driving history information request shall be submitted.

Date: _____

Signature: _____

Printed Name: _____

**CERTIFICATION OF TRUTHFULNESS OF INFORMATION PROVIDED AUTHORIZATION TO
REQUEST INFORMATION AND TO RELEASE INDIVIDUALS/ENTITIES WHO PROVIDE
INFORMATION**

I certify that the information given herein is true and complete to the best of my knowledge. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a position.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that if I am offered and accept a position, criminal history conviction information shall be requested by the Town of Waterford. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the Town of Waterford in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

Date: _____

Signature: _____

Printed Name: _____

(A photocopy of this authorization is to be accepted as an original.)

OPTIONAL

In order to comply with certain governmental recordkeeping and reporting requirements for the administration of civil rights laws, applicants are invited to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Gender: Male Female

Ethnicity (check one):

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino

Race (check all that apply):

- American Indian or Alaska Native** – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – a person 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, or Vietnam.
- Black or African American** – a person having origins in any of the black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20549</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>