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|-------------------------|--------------------|
| FOR OFFICE USE ONLY | |
| Possible Work Locations | Possible Positions |

City of West Haven Employment Application

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.

An Affirmative Action/ Equal Opportunity Employer

Position (s) applied for _____

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

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



PERSONAL Date _____

Name _____

Last
First
Middle

Telephone No. _____

Address _____

No.
Street
City
CT
Zip

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.



EDUCATION

High School _____ Location _____ Dates Attended _____ Degree _____

College/University _____ Location _____ Dates Attended _____ Degree _____

Describe any other job related Training or education _____



EMPLOYMENT HISTORY

| Name and Address of Company | From | To | Duties | Reason for Leaving | Salary |
|-----------------------------|------|----|--------|--------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are you a Veteran? Yes _____ No _____ How many years did you serve in the military? _____

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

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

REFERENCES (A letter of recommendation is required for each reference listed)

Give names of those who have closely observed your work and who have firsthand knowledge of your character and ability.

| Full Name | Official Position | Address | Telephone Number |
|-----------|-------------------|---------|------------------|
|-----------|-------------------|---------|------------------|

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that, if I am employed, misrepresentation or any false statements shall result in my discharge from employment. I hereby authorize the City of West Haven to investigate my background to determine any and all information of concern to my record, whether same is of record or not. I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Date _____ Signature of Applicant _____

Please be advised that all
successful candidates for
full time employment
will have a **background test** performed
and will be required to take a **drug test.**

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will 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. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In Employment
Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino? No, I
am **not Hispanic or Latino.**

Yes, I am **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native A person having origins in any of the original peoples of North America and 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, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

Veteran - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- 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 (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____
