

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

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. _____

Do you have a valid Connecticut Driver's License _____ CDL _____

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**.

Employee EEO Self-Identification Form

Notice - Completion of this form is voluntary.

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee EEO Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

1. Date Completed:
2. Employee Name:
3. Position Title:
4. Social Security Number: Last 4 Digits:

Voluntary Self-Identification of Ethnicity, Race and Gender

5. Race/Ethnic Code: (Please Select One)

Ethnicity:

~~Hispanic or Latino~~ – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;

Race:

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;

Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa;

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;

Asian (Not Hispanic or Latino) – 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;

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

6. Sex/Gender Code: (Please Select One)

Male

Female

Signature:

Date:

THANKS FOR YOUR ASSISTANCE!

Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran 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 under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS

(CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN Date of Discharge or Release:

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

EMPLOYEE NAME: DATE:

POSITION TITLE:

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 250-0005
Expires

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your Name

Today's Date

SIGNATURE: