MAYOR JEFFREY A. MACMILLEN

DEPUTY MAYOR THOMAS ZAMPANO

TOWN MANAGER MICHAEL T. PAULHUS



COUNCIL MEMBERS BRUCE ABELSON ROSE MARIE ANGELONI MARIE E. DIAMOND MICHAEL DOWNES WALTER GOAD VINCENT J. MASE, SR. RONALD PELLICCIA, JR.

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 <u>all</u> 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 D	ATA:		
1. Are you ov	er 18 years of age? Y	Yes [] No []	
2. Do you hav	ve the legal right to wo	ork in the United States? Yes [] No []	
3. Have you e	ver 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



PERSONAL DATA (continued):

4. 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?

5. How did you learn of our organization: ____

EDUCATION Name of Type of School/Program Graduated Coursework /Major Degree **YES** HIGH SCHOOL □ NO **YES** COLLEGE **NO** GRADUATE **YES** SCHOOL □ NO YES **TECHNICAL** SCHOOL □ NO OTHER TRAINING OR PROFESSIONAL CERTIFICATIONS (Explain)

Employment History:

1.

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.

Name of Employer	Employment Dates	
Job Title		
Duties and Responsibilities:		
Reason for Wanting to Leave:		
Name and Title of Immediate Supervisor:		
Telephone Number:		

EMPLOYMENT HISTORY (continued):

Name of Employer	Employment Dates	
Job Title		
Duties and Despensibilities		
Duties and Responsibilities:		
Reason for Wanting to Leave:		
Name and Title of Immediate Supervisor:		
Telephone Number:		
Name of Earline	E	
Name of Employer	Employment Dates	
Job Title	영화 김 관계가 집에 많이 많이 많이 많이 많이 많이 했다.	
Duties and Responsibilities:		
Reason for Wanting to Leave:		
Name and Title of Immediate Supervisor:		
Telephone Number:		
Name of Employer	Employment Dates	
Job Title		
Job Title		
Duties and Responsibilities:		
Reason for Wanting to Leave:		
Name and Title of Immediate Supervisor:		
Telephone Number:		

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.

Telephone Number:		[Home] [Office]	
	Area Code	Number	
Relationship:	10		
Name:			
Telephone Number:	Area Code	[Home] [Office] Number	
Relationship:			
Name:			
Telephone Number:		[Home] [Office]	
	Area Code	Number	
Relationship:		The second s	
	Relationship: Name: Telephone Number: Relationship: Name: Telephone Number:	Area Code Relationship:	Area Code Number Relationship:

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