



CITY OF MIDDLETOWN  
Office of the General Counsel  
Human Resources Division  
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AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

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***APPLICATION FOR EMPLOYMENT & EXAMINATION***  
**INSTRUCTIONS FOR COMPLETION:**

**THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS. Every section must be completed in full, even if resumes or other supporting documents are attached. You should not direct this Office to refer to a resume for information that is being asked on the application form. You must answer all questions completely and accurately in order for your application to be given the proper consideration.**

**INCOMPLETE APPLICATIONS WILL BE REJECTED.**

- **LATE APPLICATIONS WILL NOT BE ACCEPTED.** Applications must be **received** in the Personnel Department by the application deadline, as stated on the job announcement. You must complete an application form in ink or typed print. You can complete an application form on-line at the City's website and print the application. **You must sign your application in ink. No Faxed or E-mailed applications will be accepted.** Application closing dates are noted on each vacancy announcement.
- **All applicants should read the Vacancy Announcement of the job for which you are applying.** Specific job requirements will be noted under the section titled "Minimum Training and Experience required".
- **EACH SECTION IN THE APPLICATION FORM MUST BE COMPLETED.** You can use additional sheets of paper to attach to your application if you need more space to provide complete information, especially as it pertains to your employment history. **Applications submitted without completing each section will be rejected.**
- **LICENSES AND CERTIFICATIONS** required for the position you are applying for **must be listed and you must provide a copy of any and all licenses and certifications required, as stated on the job announcement.** Any applications submitted without providing a copy of the required licenses/certifications **will be rejected.**
- **YOU MUST ATTACH A CLEAR COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION FORM, if the job for which you are applying requires a driver's license.** If you fail to provide a copy of your driver's license **your application will be rejected.**
- **EMPLOYMENT HISTORY:** You must complete each section, as requested. You must complete "Description of Duties" completely. Do not write "see resume" in lieu of completing this information on the application form. **Applications submitted without completing each line of this section will be rejected.**
- **VOLUNTARY COMPLIANCE INFORMATION:** Completing this page is Voluntary. This information is needed to meet Federal and State reporting requirements and is also used to evaluate the effectiveness of our recruiting and testing procedures. This sheet is not seen by anyone making the hiring decision. **Applications will not be rejected if you choose not to complete this Voluntary Compliance Information section.**



# APPLICATION FOR EMPLOYMENT & EXAMINATION

## ADDITIONAL SKILLS AND TRAINING:

Please list any additional skills, training, foreign languages spoken, data entry, typing w.p.m. etc.

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## ADDITIONAL INFORMATION:

Use this space for any other information you feel is relevant and would help us to understand your qualifications.

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## **VETERAN'S PREFERENCE: (Veteran's preference points is only granted to new employees, not for promotional use)**

Veterans who served in time of war as defined in the General Statutes Sec. 27-103 (2), or their wives or their widows until remarriage, who earn a passing grade shall have, if claimed, a credit of five (5) points added to the final earned rating. A credit of ten (10) points shall be added to the final earned rating of any such veteran who is eligible for disability compensation or pension from the United States through the Veterans Administration.

**Do you claim War Veteran's Preference?** (5 points)     Yes     No    If yes, check one of the following:

- As a war veteran
- As a spouse of a war veteran not gainfully employed due to disability
- As the surviving spouse of a war veteran

**Do you claim Disabled Veteran's Preference?** (Additional 5 points)     Yes     No    If yes, check one of the following:

- As a Disabled veteran
- As a spouse of a disabled veteran not gainfully employed due to disability
- As the surviving spouse of a disabled veteran

**IMPORTANT: Proof of right to Veteran's Preference (DD214) must be submitted with application.**

# APPLICATION FOR EMPLOYMENT & EXAMINATION

## EMPLOYMENT HISTORY:

**Start with your present or most recent job, listing all employers.** You may use additional sheets of plain paper and attach them to your application, if needed, to provide other relevant employment information. You must complete each section, as requested. You may submit a resume, but not in lieu of completing this information.

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

Full Time  Part Time # of hours worked/week: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Duties (include any machines operated, training, computer use, etc.)— attach additional information, if needed

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Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

Full Time  Part Time # of hours worked/week: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Duties (include any machines operated, training, computer use, etc.)— attach additional information, if needed

_____ _____ _____
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Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Month/Year Month/Year

Full Time  Part Time # of hours worked/week: \_\_\_\_\_ Salary: \_\_\_\_\_

Description of Duties (include any machines operated, training, computer use, etc.)— attach additional information, if needed

_____ _____ _____
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# APPLICATION FOR EMPLOYMENT & EXAMINATION

The hiring process shall include an application, written examination, oral examination, or training & experience rating; or, any combination of the above. The hiring process shall also include a post-offer physical examination that may include drug screening and a criminal background check. Failure to pass any facet of this process may result in disqualification or the withdrawal of any offer of employment. Any applicants for safety – sensitive jobs requiring a Commercial Driver’s License (CDL) will be required to submit to pre-employment and random drug & alcohol testing in compliance with DOT regulations. Resumes submitted without the completion of the required *Application for Employment & Examination* will not be considered.

Applications submitted for employment may be public records. The City of Middletown cannot assume responsibility for the confidentiality of information provided on an employment application.

**I have read the above statements and understand them.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify, under Middletown Ordinance Section 74-2 (formerly Section 20-29), which is available upon request, that I have read this application and supporting information and that all information provided is true, correct, complete and not misleading to the best of my knowledge and belief. I understand that the City will rely upon this information in considering my application for employment and that if I knowingly make misstatements or omissions of facts I am subject to disqualification, dismissal from employment, or prosecution for false statement under the Connecticut General Statutes; and, that the City, or its insurance company, or other party by or on behalf of the City will not be responsible for any loss resulting from incorrect or incomplete information in the application or supporting material. I give consent for you to check with all persons and companies cited on the employment application, except my present employer if so noted, and release them from all liability for damage for providing the information.

**I have read the above statements and understand them.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**In order to assist us with future recruitment efforts, please let us know how did you learn about this position?**

Check any that apply.

- Posting, public bulletin board
- Posting, community agency or social organization (name)
- Blue Interest Card
- Newspaper or Professional Journal (name)
- City of Middletown Website
- Friend or relative
- Other (specify) \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY

## VOLUNTARY COMPLIANCE INFORMATION:

The following information is needed in order to meet the Federal and State reporting requirements and for Equal Employment Opportunity reports. It is also used to evaluate the effectiveness of our recruiting and testing procedures. This information will not be used in the selection process. It is kept separate from your application and is not seen by anyone making the hiring decision.

Your Name: \_\_\_\_\_

Sex (please check one)     Male     Female

Race or Ethnic Group (describe yourself in terms of one of the following groups):

- |  |  |
|--|--|
| <input type="checkbox"/> White/Caucasian   | <input type="checkbox"/> Hispanic/Latino                           |
| <input type="checkbox"/> Black/African American  | <input type="checkbox"/> American Native or Alaskan Native         |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Two or More Races ( <i>persons who identify with two or more racial categories listed above</i> ) |  |

Military Veteran Status:

- Veteran of the United States Armed Forces
- Disabled Veteran of the United States Armed Forces