

EMPLOYMENT HISTORY: In the space provided below, give your employment history beginning with your most recent employer. In order to evaluate your application properly, you must include both the month and year of employment history. List all positions held. Include any applicable military and voluntary positions. (If additional space is required, please attach an additional sheet and use the same format as below.)

a. Name of Employer: _____ Phone: _____
Address: _____

Name & Title of Supervisor: _____ May We Contact? _____
Your Job Title: _____ Duties: _____

Reason for Leaving: _____
Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____
Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

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b. Name of Employer: _____ Phone: _____
Address: _____

Name & Title of Supervisor: _____ May We Contact? _____
Your Job Title: _____ Duties: _____

Reason for Leaving: _____
Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____
Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

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c. Name of Employer: _____ Phone: _____
Address: _____

Name & Title of Supervisor: _____ May We Contact? _____
Your Job Title: _____ Duties: _____

Reason for Leaving: _____
Employed: Full Time: _____ Part Time: _____ / Hours Per Week: _____
Employed From: _____ / _____ To: _____ / _____ Salary: \$ _____ / _____
(Full Date) Mo. Yr. Mo. Yr. Beginning End

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REFERENCES: List below three individuals (not relatives) who know your character, ability and experience.

Name	Street	City/State/Zip	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

SPECIALIZED TRAINING AND SKILLS: List any special qualifications or experience which you feel may qualify you for the position for which you are applying (include seminars, areas of research, special awards, professional memberships and licenses.)

Complete, if applicable. I have the following skills:

Shorthand _____ Typing at _____ w.p.m. Word Processing _____ AutoCAD _____

W.P. Programs Used: _____

Other Computer Programs Used: _____

ADDITIONAL INFORMATION: Occasionally, an application form makes it difficult for an individual to adequately summarize his/her complete background. To help us better evaluate your qualifications for the Executive Director of Manchester Police Activities League position; use the space below to provide any additional information necessary to describe your full qualifications.

Have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain. _____

PLEASE READ: I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced. I also give consent for you to check with personal references, post-conditional job offer medical records, previous employers and educational institutions concerning my past employment and personal history and to receive reports that may be relevant to my background from other employers and to check criminal and driving records. I release the Manchester Police Activities League, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand that the acceptance of this form does not constitute an employment agreement. Failure to fill out this application completely may result in my disqualification from any further consideration for employment. Proof of citizenship or employment eligibility in accordance with the Immigration Reform and Control Act of 1986 will be required at time of appointment.

DRUG/ALCOHOL TESTING: Manchester Police Activities League reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicants will be required to pass a test for drugs of abuse and/or alcohol misuse. Failure to pass such tests will result in the withdrawal of any offer of employment.

I hereby acknowledge that I have read the above statements and understand them.

Signature

Date

COMPLETE ONLY IF HIRED BY THE Manchester Police Activities League: Please read the following statement and have it notarized.

"I certify that my completed application is truthful and accurate. I further certify that there have been no changes in the information provided on the application from the time of its completion to my date of hire."

Signature

(Please Print Name)

Date

STATE OF CONNECTICUT)

) SS _____, _____ 20

COUNTY OF)

Personally appeared before me, _____, who signed the foregoing statement and has full knowledge of the purpose of this statement.

Notary Public

My Commission Expires _____

AFFIRMATIVE ACTION QUESTIONNAIRE

Instructions: Each applicant for employment is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1. Ethnic Group: (check one)
White _____ Black _____ Hispanic _____ American Indian _____
Asian American _____
2. Sex: Female _____ Male _____
3. Age: 16 or less _____ 17 to 25 _____ 26 to 40 _____
41 to 65 _____ 66 or older _____
4. Type of Work Applying For: (Indicate one preference)
Such As:
_____ Administrative (Managerial or Department Head)
_____ Professional (Division Head; Recreation Supervisor; Librarian)
_____ Technical (Engineering Assistant; Technical Support)
_____ Protective Service (Police Officer; Firefighter)
_____ Office/Clerical (Clerical Asst; Secretary; Account Associate; Dispatcher)
_____ Skilled Craft (Equipment Operator; Mechanic; Plant Operator)
_____ Service/Maintenance (Maintainer; Custodian)
5. Applied in Response to:
_____ Advertisement (Publication Name: _____
Circle: Newspaper / Radio / Internet)
_____ Connecticut Employment Service
_____ Community or Professional Organization/Agency _____
(Name of Organization/Agency)
_____ Referred by Town Employee
_____ Other

I certify that the above information is correct. Please print legibly.

Position Applying For: _____ Date: _____

Name: _____ SSN: _____

Address: _____
(Street) (City) (State/Zip)

Signature: _____ Telephone No. _____

EMPLOYMENT APPLICATION SUPPLEMENT

(This insert must be completed and submitted with the application.)

Please read the following before answering the next question:

“Conviction” for this application means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken. “Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been **erased under law**. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon. Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account.

Should you have any questions about answering questions on this application, or your rights concerning erased records, please inquire in the Human Resources Department.

Have you ever been convicted of a crime? If yes, please explain in the space provided:

[] Yes [] No

I certify the above information is correct and truthful.

Signature

Date

Print Name