



TOWN OF WINCHESTER – CITY OF WINSTED

Town Hall – 338 Main Street

WINSTED, CONNECTICUT 06098

EMPLOYMENT APPLICATION

Position Sought: _____

Instructions: This application shall be completed by the applicant whose name appears below. The applicant shall complete all sections and submit additional documents or records as stated within the job announcement. Within this application, you must provide information which demonstrates that you meet the minimum qualifications as stated within the posted job description. You may submit the completed application by email to thall@townofwinchester.org or you may have it physically delivered to Town Hall using the following address:

**Attn: Town Manager's Office
Winchester Town Hall
338 Main Street
Winsted, CT 06098**

Review of applications will begin on the date posted on the job announcement. Applications received after the posted date and time will be considered on a rolling basis.

Identification:

Last Name *First Name* *Midde Initial*

Street Address *Town* *State* *ZIP Code*

Email Address *Phone Number*

Status:

Are you a United States citizen or otherwise authorized to work in the United States? _____

Have you ever been previously employed by the Town of Winchester? _____

Meeting the Minimum Qualifications:

Within this section, you are to detail your educational, employment, and licensing which meet the minimum requirements as stated in the job description.

Education:

Record your attendance and/or completion of college, technical school, and other specialized education below:

How many years of schooling have you fully completed at each level?		Name, City, and State of School Attended	Graduation Date (write "N/A" if not applicable)	Diploma or Degree Title (write "N/A" if not applicable)
Middle School				
High School				
College/ University				
Graduate School				
Other				

You may be required to submit certified copies of transcripts or a photocopy of your diploma during the application review process in order to verify your credentials and educational history.

Licenses & Certificates:

Record your possession of licenses and/or certificates that you hold which are required per the job description:

License/Certificate Type: Issuing Authority: Date Issued: Date Expires: Identifying Number:

Employment History:

Record your verifiable employment history that demonstrates that you meet the stated minimum requirements for the position to which you applied:

Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
Your Title:	Describe your position's duties:			
Company Phone Number:				

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Your Title:	Describe your position's duties:			
Company Phone Number:				

If you have worked in more positions aside from those listed above, please list additional experience on a resume and attach it to this application.

Possession of Other Required Skills/Qualifications:

Within the space below, please describe your verifiable skills not described in other sections of this application such as computer skills, familiarity with types of equipment or tools, etc.

References:

Provide the name, email address, and phone number of three (3) individuals who have knowledge of your qualification and fitness for this position. This may not include any relatives.

Name:	Email:	Telephone:	Nature of Association:
1. _____			
2. _____			
3. _____			

Additional Information:

Within the space below, you may provide additional information or answers to questions within this application:

Hiring Procedures & Other Information:

The Town of Winchester is an Equal Opportunity Employer (EOE). The Town shall provide reasonable accommodation to applicants who require it to participate in the hiring process. Depending on the position being sought, the Town of Winchester may require applicants to submit to physical or polygraph tests and undergo a background investigation and fingerprinting. The cost of any such testing shall be covered by the Town of Winchester. All new hires to the Town of Winchester are subject to a working test period of up to six (6) months.

Authorization & Waiver:

I, the undersigned applicant, authorize the Town of Winchester to make inquiries with regard to my fitness and qualifications for employment. I specifically authorize and release the Town of Winchester, its employees, agents, and officers to obtain my employment records and to verify any element of this application.

I, the undersigned applicant for employment, have personally completed all entries within this application and have read and understand this application. I have provided accurate and complete information and responses to all questions. I understand and accept that inaccuracies and incomplete statements may bar further consideration of the application or, if discovered after appointment, may result in dismissal from employment. I understand that this application shall be retained by the Town and shall be incorporated into a permanent personnel file upon appointment to Town service.

_____	_____	_____
Printed Name	Signature	Date Signed

Documents Attached:

Within the space below, please list the forms, documents, and certificates which you are submitting with your application (if none, please indicate such):

_____	_____
_____	_____
_____	_____
_____	_____

TOWN OF WINCHESTER AFFIRMATIVE ACTION QUESTIONNAIRE

The following information is requested by the Federal Government in order to monitor our compliance with various federal civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to provide it to us. The Town of Winchester is an Equal Opportunity Employer.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. It is also unlawful to discriminate based on age or ability, and the Town of Winchester does not discriminate on the basis of sexual orientation or gender identity. The Town of Winchester does not discriminate against qualified applicants with a disability or disabilities and will make reasonable accommodations for disabilities when they will not impose undue hardship. The information below is requested for statistical purposes only. The completion of this form for Affirmative Action is voluntary on your part.

() I do not wish to provide this information.

1. Ethnic/Racial Status :

2. Sex :

3. Marital Status :

4. Date of Birth:

Name: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

I certify that the above-listed information is true and accurate.

Signature: _____ Date Signed: _____

How did you hear about this job opening?

Town's Website _____

Current Employee _____

Other: _____

Social Media _____

Walk In _____

Newspaper _____

Internet _____