



# City of New London, Connecticut

## Employment Application

An Equal Opportunity Employer

Personnel Department  
 181 State Street  
 New London, CT 06320  
 (860) 447-5210

Requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions on your application fully and accurately.

If an item does not apply to you, or, if there is no information to be given, please write "NA" for not applicable.

This record will be *strictly confidential* and the *exclusive property of the City of New London*.

**Resumes may be submitted, however, they may not be used as a substitute to the completion of the "Work History" section of this application.**

### I. Application

Position (job) for which you are applying. <i>Please use Title from job announcement.</i>	
How did you hear about this position?	

### II. Personal Data

1) Name (Last)	(First)	(MI)	(other names known as)	
2) Address (Street)	Apt. #	(City)	(State)	(Zip)
3) Telephone - Home ( )	Office ( )	4) Social Security # - -		
5) Email Address				

List permanent address, if other than shown above.

6) Address (Street)	Apt. #	(City)	(State)	(Zip)
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List prior addresses for the past ten (10) years if other than in New London

7) Address (Street)	Apt. #	(City)	(State)	(Zip)
Address (Street)	Apt. #	(City)	(State)	(Zip)
Address (Street)	Apt. #	(City)	(State)	(Zip)

### III. Education and Training

1) Check Highest Grade Completed <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8) <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16) <input type="checkbox"/> 17 <input type="checkbox"/> 18)	2) High School Equivalency Test Date Completed _____ State Award _____
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3) Type of School	Name and Location	Dates Attended	Graduated	Type of Diploma/Degree	Major/Minor Field of Study
High School or Vocational					
Technical Institution or School					
Military					
Other/Seminars					
Undergraduate College or University					
Graduate College or University					

Approved by Personnel Board \_\_\_

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**IV. Clerical Skills**

**Typing**

Yes  No

wpm:
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**Shorthand/Dictaphone**

Yes  No

wpm:
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**Computer Skills**

Yes  No

If yes, list system(s) knowledge and capabilities:
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**V. Special Qualifications and Skills (licenses, certifications, related training)**

1)		
2)		
3)		
4)		
Do you have a valid Motor Vehicle Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Operator Number:	CLASS: (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 List CDL type:

**VI. Work History**

In the space provided below, please give your employment history, beginning with your present or most recent employer. List all positions held. Include military duty, part-time, summer, and volunteer work. Also include any periods of unemployment.

1) Present Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Present Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				
2) Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Ending Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				

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3) Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Ending Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE ADDITIONAL SHEETS, USING THE ABOVE FORMAT

**VII. Military Service (if applicable)**

Enter all information pertaining to Military Service

Check here if you are claiming Veteran's Preference for hire and attach copies of your DD-214 forms. <input type="checkbox"/>				
Branch of Service	From (Date)	To (Date)	Rank	Type of Discharge
If other than honorable, please give details				

**VIII. General Questions (check appropriate box)**

	Yes	No
1) Do you legally have the right to work in the United States? Do you possess an Alien Registration Card? Registration Number _____ <i>Note: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment.</i>		
2) Do you have any relatives already employed by the City of New London? If yes, please list names.		
3) Have you been employed by the City of New London? If yes, list position(s) held and dates of employment. Position _____ From _____ To _____ Position _____ From _____ To _____		
4) <b>Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b> A review of the activities involved in such a job or occupation has been given. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?		
5) Have you ever been forced to resign or been dismissed from any position? If yes, provide details.		

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	Yes	No
6) Have you been convicted of any offense other than a minor traffic violation? List all convictions.		
<i>Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in this space.</i>	Date	

**IX. References**

*Please provide the names of at least three (3) persons, other than relatives, who are familiar with your job qualifications and work performance.*

1) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)
2) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)
3) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)

**Declaration of Applicant (Certification)**

1. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I further certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I am aware and understand that incomplete, false, or inaccurate information will result in the rejection of this application and that false information may result in my dismissal if employed.
2. The City of New London makes no guarantee of continued employment. In the event that I am employed by the City of New London, I agree to comply with all of its orders, rules, and regulations.
3. I have read the position description for which I am applying. Failure to follow directions and complete all sections of this application is grounds for immediate disqualification from the recruitment process.
4. I also understand that my employment may be subject to the successful completion of an employment physical examination, and/or psychological examination and that my continued employment may be conditional upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical and/or psychological examination and/or drug and/or alcohol screen, performed by a qualified medical person of the City of New London's choice. Such exam(s) shall be paid for by the City of New London. I also agree that all information concerning said physical examination and/or psychological and/or a drug and/or alcohol screen, can be supplied to the City of New London or an authorized agent of this municipality, upon their request.

(Applicant's Signature)	(Date)
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**Position (job) for which you are applying.**

*Please use Title from job announcement.*

\_\_\_\_\_

**Date of Application**

\_\_\_\_\_

**Compliance Information (Optional):** The following information is needed for compliance with government selection requirements and for EEOC reports. Describe yourself in terms of one of the following groups. (Check One Only)

- BLACK** (not of Hispanic Origin): Persons having origins in any of the black racial groups of Africa.
- HISPANIC:** Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE** (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- OTHER:** *Not characterized by any group listed above.*