



**TOWN OF HEBRON**  
**Application for Employment**  
 15 Gilead Street, Hebron, CT 06248 – (860) 228-5971

The Town of Hebron will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or expression, or any other legally protected status.

(PLEASE PRINT LEGIBLY)

Date \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Referral Source: Advertisement    Friend    Relative    Walk In    Job Agency    Other

Name \_\_\_\_\_  
                     LAST                      FIRST                      MIDDLE                      (MAIDEN NAME)                      EMAIL ADDRESS

Address \_\_\_\_\_  
                     NUMBER                      STREET                      CITY                      STATE                      ZIP CODE

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ SS # \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

If under 18 years old, can you provide proof of eligibility to work?                       No     Yes \_\_\_\_\_

Have you filed an application with **HEBRON** before?                       No     Yes Give date \_\_\_\_\_

Have you ever been employed by **HEBRON** before?                       No     Yes Give date \_\_\_\_\_

Are you related to anyone currently employed by **HEBRON**?                       No     Yes Give name \_\_\_\_\_

Are you currently employed?                       No     Yes

May we contact your present employer?                       No     Yes

Are you prevented from lawfully being employed in this country due to Visa or Immigration Status?                       No     Yes

(Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you interested in working:     Full Time     Part Time     Shift Work     Temporary     Seasonal

Are you on a lay-off and subject to recall?                       No     Yes

Are you willing to travel if a job requires it?                       No     Yes

**-- THE TOWN OF HEBRON is an Equal Opportunity Employer --**

# EDUCATION & TRAINING

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

**Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:**

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**List professional, trade, business or civic activities and offices held:** *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

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**Describe any job-related training received during military service:**

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# Additional Information

SPECIALIZED SKILLS [Check skills you possess and list equipment you can operate]	
Computer / (Type)	Machinery & Equipment / (Type)
<input type="checkbox"/> Word Processing / _____	<input type="checkbox"/> Backhoe / _____
<input type="checkbox"/> Spreadsheets / _____	<input type="checkbox"/> Road Grader / _____
<input type="checkbox"/> Database / _____	<input type="checkbox"/> Welder / _____
<b>Other</b>	<input type="checkbox"/> EMT / _____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other / _____
	<input type="checkbox"/> Other / _____

Are you fluent or conversant in any languages other than English? Yes \_\_\_ No \_\_\_. If yes what languages.

Please state any additional information you feel may be helpful to us in considering your application:

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**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied?  
 Yes  No

# References

1.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	
2.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	
3.	_____ (Name)	( ) _____ (Phone Number)
	_____ (Address)	

# Employment History

Start with your present or last job and go back ten years. Include military service assignments and volunteer positions. Do not leave any positions out. Use extra sheets if necessary.

1	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

2	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

3	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

4	Employer	Dates Employed		Describe work performed
	Phone Number	From	To	
	Address			
	Job Title			
	Reason for leaving			

**Applicant's Statement:**

I certify that the answers given here are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I also understand that if I am employed by the **HEBRON**, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the **HEBRON**.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**TOWN OF HEBRON**

**DRUG SCREENING CONSENT FORM**

I, \_\_\_\_\_, hereby consent to a drug test in order to qualify for employment with the Town of Hebron. I understand that the Town of Hebron screens all employees for controlled substances before commencement of employment.

I also understand that the Town of Hebron may test me during my employment if reasonable suspicion of drug use exists.

I further understand that my employment or prospective employment with the Town of Hebron may be affected should a positive drug result occur and that a positive result may be used as a basis to disqualify me for employment with the Town of Hebron.

I am not waiving my right to contest the accuracy of the result of said drug test, and, should a positive test occur, I understand that I have the right to receive a copy of said result. I further understand that in the case of an initial positive drug test, a second test must be performed utilizing a gas chromatography and mass spectrometry methodology or a methodology which has been determined by the Commissioner of Public Health to be as reliable or more reliable than the gas chromatography and mass spectrometry methodology.

I understand that any information concerning the results of the drug test conducted by the Town of Hebron shall be confidential and shall not be released to anyone except necessary managerial and supervisory personnel.

I have read the foregoing and understand and agree to it. I am signing this Consent Form of my own free will without coercion or duress.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Job Applicant's Printed Name

\_\_\_\_\_  
Job Applicant's Signature