



OFFICE USE ONLY			
NH <input type="checkbox"/>	RH <input type="checkbox"/>	SE <input type="checkbox"/>	PT <input type="checkbox"/>
POSITION: _____			
RATE: _____			
PAYCODE & STEP: _____ - _____			
JOB CLASS CODE: _____			
DOH: ____ / ____ / ____			

City of Bristol
 Human Resources Department
 111 North Main Street
 Bristol, Connecticut 06010
 (860) 584-6175
 www.bristolct.gov
An Equal Opportunity Employer

EMPLOYMENT APPLICATION

MUST BE FILLED OUT COMPLETELY (PLEASE PRINT CLEARLY)

Applicants are considered for positions without regard to age, sex, religion, race, color, national origin, sexual orientation, disability, marital or veteran status, or any other characteristic protected by law.

EMAIL _____ DATE _____

NAME _____
(LAST) (FIRST) (MI)

CURRENT ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE () _____ CELL PHONE () _____

ARE YOU UNDER AGE 18? No Yes IF YES, STATE BIRTHDATE _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? _____
(If hired, appropriate documentation is required.)

CHECK APPROPRIATE BOX FOR TYPE OF EMPLOYMENT: Full-time Part-time Temporary Seasonal Other

Position applying for: _____

Were you previously employed by us? No Yes If Yes, when? _____

Have you ever been involuntarily terminated or asked to resign from a position? No Yes

If "Yes", provide a detailed explanation. _____

Continue to next page to complete the employment application.

RECORD OF EDUCATION

Name & Address Of School		Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
High School Or GED			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE RECORD

Branch of Service: _____

Dates of Duty: From _____ to _____ Rank at Discharge _____
(Month/Day/Year) (Month/Day/Year)

List duties in the service, including special training _____

(Provide copy of your DD-214, if applicable)

PERSONAL REFERENCES

LIST BELOW 3 INDIVIDUALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE *(Not Relatives)*

Name and Occupation	Address	Phone Number
1		
2		
3		

LIST ANY FRIENDS OR RELATIVES WORKING FOR US
(Optional)

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT EXPERIENCE

Beginning with your present or most recent job, list all employers for the past 10 years. Identify any part-time employment. Use the reverse side if more space is needed. A resume may be submitted in addition to, but not in place of, completing the section below.

1	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
2	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
3	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
4	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				

SPECIALIZED SKILLS, TRAINING OR QUALIFICATIONS

Summarize any special skills, qualifications, current certifications or licenses.

I hereby certify that the statements and answers provided by me on this application are true and complete. I understand that misrepresentation or falsification or omission of facts is cause for rejection from consideration or dismissal from employment if discovered after employment begins. I understand that failure to complete this application completely may result in disqualification for consideration for employment. Further, I understand and agree that my employment is for no definite period and may be terminated at any time for any reason absent some other basis in writing to continue employment. I also authorize all persons and companies named above to furnish any information regarding me, whether or not it is in their records, and hereby release them from all liability for damage for providing this information. If employed, I agree to comply with all rules and regulations established by the City governing employees and employment practices. All employment offers are contingent upon passing a drug screen.

Date _____

Signature _____

CITY OF BRISTOL
APPLICANT DATA

INSTRUCTIONS: The following information is needed for various governmental reporting requirements such as EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process. The information requested below is for STATISTICAL PURPOSES ONLY. The completion of this form is voluntary on your part.

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 because of age, sexual orientation or disability. The City of Bristol 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.

1. ETHNICITY *(Please check one)*

- A. Yes, Hispanic or Latino
- B. No, not Hispanic or Latino

2. RACE *(Please check one)*

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or other Pacific Islander
- E. White

3. SEX

- Male
- Female

4. DATE OF BIRTH: _____

.....

Last Name, First Name _____

Address _____

City _____ State _____ Zip Code _____

I certify that the above information is true and correct.

Date _____

Signature _____