



**Application for Employment**  
**Borough of Naugatuck, Connecticut**  
**229 Church Street, Naugatuck, CT., 06770**  
**Phone: 203.720-7063 Fax: 203.720-7031**

Date: \_\_\_\_\_

**Please Print in Ink**

Please complete all questions on this employment application so that you may be given every employment consideration. It is the policy of the Borough of Naugatuck to have employment opportunities to all employees and applicants for employment without regard to race, sex, color, religion, national origin, age, disability, marital status, veteran status, sexual orientation or any other protected class. The Borough of Naugatuck complies with applicable state and local laws governing nondiscrimination in employment in every location in which we have employees.

Please notify the Human Resources office if you require accommodation to successfully complete the application process, i.e., sign interpreter, etc.

|                       |                                                       |                                                                  |
|-----------------------|-------------------------------------------------------|------------------------------------------------------------------|
| Position Applying For | Full Time _____<br>Part Time _____<br>Temporary _____ | Per Diem _____<br>Hours Preferred _____<br>Shift Preferred _____ |
|-----------------------|-------------------------------------------------------|------------------------------------------------------------------|

|             |         |          |                                                                      |
|-------------|---------|----------|----------------------------------------------------------------------|
| Name (Last) | (First) | (Middle) | Have you ever worked under another name? If yes, please state: _____ |
|-------------|---------|----------|----------------------------------------------------------------------|

|                 |      |       |     |
|-----------------|------|-------|-----|
| Present Address | City | State | Zip |
|-----------------|------|-------|-----|

|                       |                   |                   |                        |
|-----------------------|-------------------|-------------------|------------------------|
| Home Telephone<br>( ) | Work Phone<br>( ) | Cell Phone<br>( ) | Social Security Number |
|-----------------------|-------------------|-------------------|------------------------|

Are you legally eligible for employment in USA? Yes  No  **If yes, verification will be required.**

|                                                                        |                                                                               |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Education (circle last year completed)<br>6 7 8 9 10 11 12 13 14 15 16 | Are you 16 or older? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------|

| School      | Name and City | Years Completed | Graduate | Major | Degree |
|-------------|---------------|-----------------|----------|-------|--------|
| High School |               |                 |          |       |        |
| College     |               |                 |          |       |        |
| Technical   |               |                 |          |       |        |
| Other       |               |                 |          |       |        |

|                                                                         |        |                    |
|-------------------------------------------------------------------------|--------|--------------------|
| U.S. Military: Yes <input type="checkbox"/> No <input type="checkbox"/> | Branch | Type of Discharge: |
|-------------------------------------------------------------------------|--------|--------------------|

|                                                                                                                                |                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Previous Employee of the Borough of Naugatuck?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ | Any relatives employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Relationship _____ Department _____ |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

How were you referred to us? Please specify.

Give the names and addresses of 3 persons **other than relatives** who know you and can provide information about your work. (Previous Supervisor preferred)

| Name | Address | Phone Number | Business/Occupation |
|------|---------|--------------|---------------------|
|      |         | ( )          |                     |
|      |         | ( )          |                     |
|      |         | ( )          |                     |

**Are you physically and mentally able to perform the essential duties of the job for which you are applying?**  
 Yes  No

**Do you require reasonable accommodations to perform the essential duties of the job you are applying for?** Yes  No   
 If yes, please explain: \_\_\_\_\_

**Please complete this section even if you have attached a resume.**

|                                                                         |                                           |                                                        |
|-------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| Starting with the most recent position, state your last four employers. |                                           |                                                        |
| 1                                                                       | Company Name                              | Telephone (    )                                       |
|                                                                         | Address                                   | City/State/Zip Code                                    |
|                                                                         | Name of Supervisor                        | Employed (State month and year)<br>From _____ To _____ |
|                                                                         | State Job Title(s) and Describe Your Work | Reason for Leaving                                     |

**May we contact your present employer?**    Yes     No  If not, explain: \_\_\_\_\_

|   |                                           |                                                        |
|---|-------------------------------------------|--------------------------------------------------------|
| 2 | Company Name                              | Telephone (    )                                       |
|   | Address                                   | City/State/Zip Code                                    |
|   | Name of Supervisor                        | Employed (State month and year)<br>From _____ To _____ |
|   | State Job Title(s) and Describe Your Work | Reason for Leaving                                     |

|   |                                           |                                                        |
|---|-------------------------------------------|--------------------------------------------------------|
| 3 | Company Name                              | Telephone (    )                                       |
|   | Address                                   | City/State/Zip Code                                    |
|   | Name of Supervisor                        | Employed (State month and year)<br>From _____ To _____ |
|   | State Job Title(s) and Describe Your Work | Reason for Leaving                                     |

|   |                                        |                                                        |
|---|----------------------------------------|--------------------------------------------------------|
| 4 | Company Name                           | Telephone (    )                                       |
|   | Address                                | City/State/Zip Code                                    |
|   | Name of Supervisor                     | Employed (State month and year)<br>From _____ To _____ |
|   | State Job Title and Describe Your Work | Reason for Leaving                                     |

**All Visiting Nurse applicants are required to answer numbers 1 & 2; All other applicants are required to answer number 3:**

Have you ever been convicted of cruelty or assault of a victim over 60 years of age?    Yes  No

Have you ever been subject to any disciplinary action regarding cruelty or assault  
of a victim over 60 years of age?    Yes  No

Have you ever been convicted of or pleaded no contest to a felony?    Yes  No

If yes to **any** of the above, please explain: \_\_\_\_\_

**Clinical Section – Please complete appropriate categories.**

|                            |                  |                        |
|----------------------------|------------------|------------------------|
| C.N.A./H.H.A. (circle one) | Registry # _____ | Issue Date: _____      |
| R.N./L.P.N (circle one)    | License # _____  | Expiration Date: _____ |
| M.D.                       | License # _____  | Expiration Date: _____ |
| P.T.                       | License # _____  | Expiration Date: _____ |
| O.T.                       | License # _____  | Expiration Date: _____ |
| R.T.                       | License # _____  | Expiration Date: _____ |
| Audiology                  | License # _____  | Expiration Date: _____ |
| Speech                     | License # _____  | Expiration Date: _____ |
| Other Specify: _____       | License # _____  | Expiration Date: _____ |

Are there any actions, past or pending, against your licensures, such as limitations, suspensions or revocations?  
 Yes  No  Please explain: \_\_\_\_\_

**Training Skills Acquired – Please complete appropriate categories.**

|                               |       |                       |
|-------------------------------|-------|-----------------------|
| CPR Certification             | _____ | Date Completed: _____ |
| Advanced Cardiac Life Support | _____ | Date Completed: _____ |
| _____                         | _____ | Date Completed: _____ |
| _____                         | _____ | Date Completed: _____ |
| Other Courses: _____          |       |                       |
| _____                         |       |                       |

**Clerical Section – Please complete appropriate categories.**

|                                                                                  |                                                          |                                    |                                                                                             |
|----------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------|
| Keyboard<br>Shorthand/Speedwriting<br>Switchboard<br>Make _____<br>Console _____ | _____ wpm                                                | <u>PC Skills (✓all that apply)</u> | <u>Spreadsheet/Database</u><br>Access _____<br>Excel _____<br>Other _____<br>_____<br>_____ |
|                                                                                  | _____ wpm                                                |                                    |                                                                                             |
|                                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Word _____                         |                                                                                             |
|                                                                                  |                                                          | Outlook _____                      |                                                                                             |
|                                                                                  |                                                          | PowerPoint _____                   |                                                                                             |
|                                                                                  | Other _____                                              |                                    |                                                                                             |

**Maintenance/Engineering Section – Please Complete Appropriate Categories.**

|                             |                        |
|-----------------------------|------------------------|
| Plumber License # _____     | Expiration Date: _____ |
| CDL License # _____         | Expiration Date: _____ |
| Electrician License # _____ | Expiration Date: _____ |
| HVAC License # _____        | Expiration Date: _____ |
| Special Skills _____        |                        |

**Borough of Naugatuck**  
**Agreement and Release**

**To All Applicants: Please read this section and signify your understanding by signing your name in the space so indicated.**

I, the undersigned, certify that the information contained in this employment application is true and complete to the best of my knowledge and belief. I understand and agree that omissions, misrepresentations, or falsifications of any part of this record shall result in immediate discharge.

I understand that this application and/or any resultant employment does not imply or indicate any intent of establishing any contractual relationship. Also, I understand that this application is not an offer of employment, and offers of employment may only be made in writing by the Human Resources Director or designee.

I understand that any resultant employment is contingent on the satisfactory processing of my application and post-offer medical examination which shall include lab and x-ray work to determine suitability to perform the essential job duties and to ensure that I am free from active communicable diseases understand that, as part of the application procedure for employment by the Borough of Naugatuck, I will be required to submit to a urinalysis test to detect the existence of drugs and other intoxicants. These tests will be administered as required by State of Federal Law. I further understand that, if the test is positive, I will be given a copy of the result, if requested.

I understand that as part of the application process, the Borough of Naugatuck conducts thorough background checks (which may include a check of my criminal history) done on prospective employees. I agree, if contacted with respect to such background check, that I will fully cooperate and provide any information requested.

The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-14b, 54-76o or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-76o and 54-142a which are records pertaining to a finding of delinquency of that a child or that a child was a member of a family with service needs, an adjudication as a youthful offender,

I understand that I will be considered for employment on the basis of references and the information furnished on this application form and I hereby authorize all schools, former employers, personal references and police to furnish full information including work history and any personnel file information about me to the Borough of Naugatuck without liability of any kind.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

# Borough of Naugatuck - EEO Government Report Data Collection

To applicants for employment: The information on this form is required for Federal Government reporting regulations. This information is kept separate from employment applications and will not affect your candidacy for employment.

( )

Last First M.I. Phone

Address City, State, Zip

EEO Race Code: (Please check appropriate box – revised 1/1/07)

- White   
  Black or African American   
  Native Hawaiian or Other Pacific Islander   
  American Indian or Alaska Native  
 Two or More Races   
  Asian   
  Hispanic or Latino

Sex: (Please check appropriate box)     Male     Female

**Disability Status:**      Definition: Any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such impairment.

**Veteran Status:** Please check appropriate veteran status if applicable

| Check Veteran Status     | WAR ERA                                                                  | SERVICE DATES                           |
|--------------------------|--------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> | World War II                                                             | September 16, 1940 to December 31, 1946 |
| <input type="checkbox"/> | Korean Conflict                                                          | June 23, 1950 to January 31, 1955       |
| <input type="checkbox"/> | Lebanon Crisis                                                           | July 1, 1958 to November 1, 1958        |
| <input type="checkbox"/> | Vietnam Conflict                                                         | December 31, 1960 to May 7, 1975        |
| <input type="checkbox"/> | Lebanon Peacekeeping Mission                                             | September 26, 1982 to December 1, 1987  |
| <input type="checkbox"/> | Grenada Peacekeeping Mission                                             | October 23, 1983 to November 21, 1983   |
| <input type="checkbox"/> | Panama Peacekeeping Mission                                              | December 20, 1989 to January 31, 1990   |
| <input type="checkbox"/> | Operation Dessert Shield/Desert Storm                                    | August 2, 1990 to the present           |
| <input type="checkbox"/> | Operation Northern Watch and Operation Southern Watch                    | August 27, 1992 to May 1, 2003          |
| <input type="checkbox"/> | Operation Restore Hope in Somalia                                        | December 5, 1992 to March 31, 1994      |
| <input type="checkbox"/> | Operations Joint Endeavor/Joint Guard-Republic of Bosnia and Herzegovina | November 20, 1995 to present            |
| <input type="checkbox"/> | Operation Enduring Freedom                                               | September 11, 2001 to present           |
| <input type="checkbox"/> | Operation Iraqi Freedom                                                  | March 23, 2003 to present               |

Please state the position or type of position for which you are applying: \_\_\_\_\_

What source prompted you to apply? (i.e. Advertisement, Employment Referral, State Job Service, etc.) \_\_\_\_\_

***It is our policy to provide equal employment opportunities to all employees and applicants for employment without regard to sex, color, religion, national origin, age, disability, veteran status or sexual orientation. Our organization complies with applicable Federal and State laws governing nondiscrimination in employment in every location in which we have employees.***

- I have read the above statement and voluntarily provide the requested information to be used for the purpose stated.  
 I have read the above statement and decline the invitation to provide the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_