

#### TOWN OF WINCHESTER - CITY OF WINSTED

Town Hall – 338 Main Street

#### WINSTED, CONNECTICUT 06098

**EMPLOYMENT APPLICATION** 

Position Sought:			
shall complete all sections and something this application, you mand the qualifications as stated within the	hall be completed by the applicant whose abmit additional documents or records as ust provide information which demonstrate posted job description. You may submor you may have it physically delivered	s stated within the strates that you a it the completed a	e job announcement meet the minimum application by email
	Attn: Town Manager's Office		
	Winchester Town Hall		
	338 Main Street		
	Winsted, CT 06098		
posted date and time will be con  Identification:	sidered on a rolling basis.		
Last Name	First Name		Midde Initial
Street Address	Тогип	State	ZIP Code
Email Address	Phone Number		
Status:			
Aroxon a United States citizen e	or otherwise authorized to work in the Ur	sited States?	

## **Meeting the Minimum Qualifications:**

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

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

#### **Education:**

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RACORA	vour attendance an	d/or completion	or college	tachnical echaal	and other c	nacializad i	aducation holow	. 7 *
Kecora	your attendance an	u/or completion	or concec,	icumicai scriooi,	, and other s	becianzea i	aucanon belon	٠.

ears of re you ted at	Name, City, and State of School Attended	Graduation Date (write "N/A" if not applicable)	(write "N/A" if
			not applicable)
	e you	re you	re you (write "N/A" if not

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:
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Record your possession of licenses and/or certificates that you hold which are required per the job description:					
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:
	Describe your p	l position's duties	<u> </u>	
	Describe your p	osition s addics	•	
Your Title:				
Company Phone Number:				

Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
	Describe your	position's duties	<u> </u>	
Your Title:				
Company Phone Number:				
Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
	Describe your	 position's duties	<u> </u> ::	
Your Title:				
Company Phone Number:				
If you have worked in more position it to this application.	s aside from t	hose listed al	pove, please list additional experi	ence on a resume and attach
и то ино ирриситон.				
Possession of Other Required	d Skills/Qu	alification	<u>ıs:</u>	
Within the space below, please of	-			ections of this application
such as computer skills, familiar	ity with type	es of equipm	nent or tools, etc.	
References:				
Provide the name, email address				have knowledge of your
qualification and fitness for this	position. Thi	s may not 11	nclude any relatives.	
Name: En	nail:		Telephone:	Nature of Association:
1				
2				
3				

Additional Information:		
	provide additional information or answ	wers to questions within this
Hiring Procedures & Other Inform		
accommodation to applicants who req being sought, the Town of Winchester undergo a background investigation a	I Opportunity Employer (EOE). The Truire it to participate in the hiring process may require applicants to submit to pand fingerprinting. The cost of any such the Town of Winchester are subject to a very	ess. Depending on the position hysical or polygraph tests and testing shall be covered by the
Authorization & Waiver:		
I, the undersigned applicant, authorize and qualifications for employment. I sp	e the Town of Winchester to make inque pecifically authorize and release the Town by ment records and to verify any element	n of Winchester, its employees
have read and understand this applicate to all questions. I understand and a consideration of the application or, if deconsideration or.	yment, have personally completed all entition. I have provided accurate and complecept that inaccuracies and incomplete iscovered after appointment, may result I be retained by the Town and shall be wn service.	elete information and responses e statements may bar furthes in dismissal from employment
Printed Name	Signature	Date Signed
<b>Documents Attached:</b> Within the space below, please list the application (if none, please indicate suc	forms, documents, and certificates which	h you are submitting with you
	<del></del>	

# 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 (please select one):
2.	Sex (please select one):
3.	Marital Status (please select one):
4.	Date of Birth:
	Name:
	Address:
	City/Town:          State:          ZIP:
	I certify that the above-listed information is true and accurate.
	Signature: Date Signed: