NAME…….. TEST #……

ADDRESS……... PHONE #……

CITY, STATE, ZIP…….……..

How long have you lived at the above address?…….

TO THE BEST OF MY KNOWLEDGE, THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE AND I UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

DATE…… SIGNATURE OF CANDIDATE……..

RETURN YOUR COMPLETED APPLICATION TO:

Town of Trumbull
Attn: HR/Civil Service Department
5866 Main Street
Trumbull, CT 06611

TRUMBULL CIVIL SERVICE BOARD
APPLICATION FOR EMPLOYMENT AND/OR EXAMINATION

Your application is a part of this examination. It must be filled out properly. Read the instructions and the announcement of the examination carefully. Answer all questions fully and accurately but concisely. Many applications are rejected or receive lower ratings because answers are incomplete or vague. Remember that your experience and training will be rated on the information you give on this form. All statements are subject to investigation and you may be disqualified at any stage of the examination process for misleading or false statements. Tentative acceptance of an application does not imply final approval. Notice to appear does not necessarily signify application has been finally accepted or that the applicant has been found to fully meet the minimum qualifications for the position sought. Immediate notice should be given to the Civil Service Board of any change in post office address occurring before or after the examination.

TITLE OF POSITION SOUGHT
……

Previous Address	How long here?	**How did you hear about this job?**
By what other name(s) have you been known?		Newspaper___ Which one?_____ Internet ___ Other___ Explain_____

GENERAL INFORMATION	**YES**	**NO**	**GENERAL INFORMATION**	**YES**	**NO**
Are you a U.S. citizen?			May we contact your present employer?		
Did the Town ever employ you?					

EDUCATION	**NAME OF SCHOOL AND LOCATION**	**# YEARS ATTENDED**	**DID YOU GRADUATE?**	**DEGREES**	**COURSES OF STUDY**
GRADE					
HIGH					
COLLEGE					
OTHER					

List any special skills you have or any special courses you have taken or are taking.

Were you ever discharged from any position? If so, please give details. YES_____NO_____

Have you ever been convicted for anything other than a minor traffic violation and which is not subject to erasure under any applicable state law? If so, please give details. YES_____NO_____

*** NOTE: 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 Sections 46b-146, 54-760, or 54-142a.**

Do you have a CDL driver's license? Yes_____ No_____(applicable for jobs where a CDL is required)
If so, what is the CDL classification : Class A_____Class B_____Class C_____OTHER:_____

DRUG TESTING REQUIRED - EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: THE INFORMATION GIVEN BELOW MAY BE USED IN RATING EXPERIENCE. IT IS THEREFORE IMPORTANT THAT COMPLETE INFORMATION BE GIVEN ON THIS APPLICATION. Describe under the headings given below all employment or occupations you have ever had including dates of service in the Armed Forces, starting with the present or last employer and working backward. Give full information under each heading. Be careful to show definitely whether or not your training and experience meet the requirements of the position for which you are making application. Use additional sheets of paper if needed to complete your experience record, and attach to this side at the end of this sheet.

DATES OF EMPLOYMENT	POSITION / TITLE	NAME, ADDRESS, PHONE # OF BUSINESS	RATE OF PAY	HOURS PER WEEK	REASON FOR LEAVING	DESCRIBE CAREFULLY THE WORK YOU PERFORMED (AND/OR SUBMIT
Mo. Yr. From To						
Mo. Yr. From To						
Mo. Yr. From To						
Mo. Yr. From To						
Mo. Yr. From To						
Mo. Yr. From To						

List two references:

CIVIL SERVICE

Town of Trumbull

CONNECTICUT

Phone: 203-452-5040
Fax: 203-452-3856

TOWN HALL

NOTICE

It is the policy of the Town of Trumbull that all individuals who are being considered for a job with the Town will be required to undergo and successfully pass a drug test.

Your signature is required on this notification to acknowledge the fact that you have read this paragraph and understand that by filling out the application, you may be required to take a drug test.

_____
Signature

_____
Date

CIVIL SERVICE

Town of Trumbull

CONNECTICUT

Phone: 203-452-5040
Fax: 203-452-3856

TOWN HALL

I hereby authorize the Town of Trumbull to inquire of any and all previous employers, public or governmental officials or agencies, law enforcement agencies, or any other persons regarding my experience, reputation, character, ability and qualifications for employment; and I agree to hold all such persons and/or the Town of Trumbull harmless with respect to any information they may give, hereby releasing them from any liability to me arising therefrom.

I certify that the foregoing answers are true, correct and complete to the best of my knowledge and belief. I understand that any false answers and/or statements or omissions made on this application shall be considered sufficient cause for dismissal.

_____
Signature of Applicant

_____
Print Name

_____
Email address:

_____
Witness of Signature

_____
Date

EQUAL OPPORTUNITY EMPLOYER