

Employment Application



City of Hartford
Human Resources Department
550 Main Street, Ground Floor
Hartford, CT 06103

Office Hours: Mon – Fri, 8:00a.m. – 5:00p.m.
(860) 757-9800 (Office)
(860) 757-9820 (Job Line) (860) 722-8042 (Fax)
www.hartford.gov

In compliance with the Freedom of Information Act, most of the information in this application may be considered a matter of public record. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings if answers are incomplete, vague or evasive. Your statements may be brief but should include all information relevant to the qualifications of the position for which you are applying. The completion of the attached *Affirmative Action Data* sheet is voluntary. The City of Hartford is an Equal Opportunity Employer.

1. **JOB APPLYING FOR (Use Title on Job Announcement):** _____ **EXAM NO.:** _____
2. **LAST NAME (Print):** _____ **FIRST NAME:** _____ **INITIAL:** _____
3. **NO. & STREET ADDRESS:** _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____
4. **HOME PHONE NO.:** _____ 5. **WORK PHONE NO.:** _____ 6. **SOCIAL SECURITY NO.:** _____
7. **DATE OF BIRTH:** _____ 8. **E-MAIL ADDRESS:** _____
9. **ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF HARTFORD, HARTFORD BOARD OF EDUCATION OR HARTFORD PUBLIC LIBRARY?** YES NO

If YES, please indicate the employer, position and date(s) of employment:

Employer: _____ **Position:** _____ **Dates of Employment:** _____

10. **ARE YOU A U.S. CITIZEN OR AUTHORIZED TO WORK IN THE U.S.?** YES NO
 (Please note that if you are hired, you will be required to provide proof of U.S. Citizenship or authorization to work in the U.S. – U.S. citizenship is required for Police Officer positions.)

11. EDUCATION

A. Give highest grade completed if you did not attend high school : _____

B.	High School	Location	Last Year Completed				Diploma/ GED		Date Attended
			9	10	11	12	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ - /
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ - /

C.	College/University	Location	Dates Attended	Degree/Major	Credits
			/ - /		
			/ - /		
			/ - /		

D. SPECIALIZED TRAINING/ACTIVITIES

List specialized training and extra curricular activities:

***Some veterans may be eligible for special preference – Check with the Human Resources Department.

12. SPECIAL QUALIFICATIONS AND SKILLS

A. List licenses (include driver's license or commercial driver's license A, B or C) or certifications which you possess for any type of work. Also, list the state or other licensing authority which granted it, and applicable operator numbers and expiration dates:

B. List any special skills, machines and equipment which you can operate (include typing speed, if appropriate) which may qualify you for the position for which you are applying:

C. Give any special qualifications not covered elsewhere in this application, such as (1) your publications, (2) membership in professional organizations, or (3) honors and awards received:

D. List all computer programs in which you are proficient (MS Word, MS Access, Excel, etc.)

E. Can you speak, read or write any language other than English? YES NO

If YES, indicate language and check type and degree of fluency:

Language: _____

- | | | | |
|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Read | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Write | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

Language: _____

- | | | | |
|---------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Speak | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Read | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Write | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair |

13. EXPERIENCE: In the space provided below, give a complete record of your employment over the last 10 years beginning with your present or most recent employment. Account for all periods, including self-employment, unemployment and military service (list type of separation). Use additional sheets if necessary. Work performed more than 10 years ago should be noted if related to the position for which you are applying.

May we contact your present employer? YES NO

(Note: We may contact previous employer to verify information)

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HOURS PER WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR PRESENT OR LAST JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HOURS PER WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HOURS PER WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

STARTING DATE MONTH / YEAR /	ENDING DATE MONTH / YEAR /	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER:	
SALARY \$	SALARY \$	HOURS PER WEEK	NAME, TITLE & PHONE NUMBER OF IMMEDIATE SUPERVISOR:
REASON FOR LEAVING:		YOUR JOB TITLE:	
YOUR DUTIES:			

CITY OF HARTFORD
AFFIRMATIVE ACTION DATA

The City of Hartford is an Equal Opportunity/Affirmative Action Employer. Applicants are considered for positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, ancestry, age, marital, family or Veteran status, past or present history of mental disorder, mental retardation, learning disability, or physical disability including but not limited to blindness.

Because the City of Hartford is committed to making a concerted effort to recruit qualified applicants from all of the above mentioned groups, we ask that you complete the following questions so that we may evaluate those efforts.

This information will be used solely for EEO reports, affirmative action and recruitment purposes, in accordance with the American with Disabilities Act (ADA) and other applicable laws. Submission of this data is **voluntary** and refusal will not subject you to any adverse treatment. Although completing this information is voluntary, your cooperation will help us with mandated federal and state reporting requirements and with future recruitment efforts. As required by the ADA and other applicable laws, this data will be maintained in a file separate from your application.

Position(s) Applied For: _____ **Date:** _____

Check (√) one - Sex:

Male Female

Date of Birth: _____

Check (√) one – Race/Ethnic Group:

Caucasian African American Hispanic American Indian, Eskimo, or Aleut Asian or Pacific Islander Other

Check (√) if any of the following are applicable:

Veteran Veteran with a disability Individual with a disability

Please identify the nature of your disability in the space below, if you so choose:

Please indicate below how you became aware of this job opportunity:

Check (√) one or more:

- | | |
|---|-----------------------|
| <input type="checkbox"/> Newspaper | Name of paper: |
| <input type="checkbox"/> Radio | Name of station: |
| <input type="checkbox"/> Job Posting | Where: |
| <input type="checkbox"/> Employment referral service | Please provide name: |
| <input type="checkbox"/> Community/Civic organization | Please provide name: |
| <input type="checkbox"/> City of Hartford (Job line, walk-in, web-site) | |
| <input type="checkbox"/> Cable access channel | |
| <input type="checkbox"/> College Placement Office | |
| <input type="checkbox"/> Informed by a friend | |
| <input type="checkbox"/> Informed by a City employee | |
| <input type="checkbox"/> Other | Please specify: _____ |

CITY OF HARTFORD
RESIDENCY AFFIDAVIT

The City of Hartford requires that you provide irrefutable evidence to substantiate that at the date of application for employment you are domiciled in the City of Hartford. For the purposes of this Request, **“DOMICILED”** is defined to be “that place where an individual has his or her true, fixed and permanent home; where he or she normally eats and sleeps and maintains his or her personal effects.”

You are required to complete and submit this form at the time of your application for employment. You must also be prepared to submit any additional documentation, as the Director of Human Resources may require. This information will be subject to verification during the background investigation (where applicable).

NOTICE: THE APPLICANT BEARS THE BURDEN TO SHOW LEGAL DOMICILE. ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN IMMEDIATE DISQUALIFICATION OR DISMISSAL.

Position Applied for & Exam Number: _____

I, _____, hereby attest that I am a bona fide resident of the
Name of Applicant (Please Print)

City of Hartford, who, as of the date of the application for the above position was filed, is domiciled within the City of Hartford. Evidence to substantiate my claim for residency is provided as follows:

Complete all statements. **Must have proof of the following:**

1. _____
Address

I own

I rent

Other (explain) _____

If renting, please provide the following and a **copy of the lease:**

Name and Address of Landlord Phone Number

2. I do not own property outside the City of Hartford

I own property outside the City of Hartford

Where? Explain _____

3. I have lived in the City of Hartford since _____ / _____ / _____
Mo. Day Year

4. I have a driver's license and **have provided a copy**

I do not have a driver's license

