



# Application For Employment Town of Madison

Posting Date:

8 Campus Drive  
Madison, CT 06443  
[www.madisonct.org](http://www.madisonct.org)  
Fax 203.245.5609

Position Applied For:

Date:

## APPLICANT INFORMATION

|  |  |                  |             |   |     |    |
|--|--|------------------|-------------|---|-----|----|
| Last Name:   |  | First Name:      |             | MI:   |     |    |
| Street Address:  |  |                  |             | Apt #   |     |    |
| City:  |  | State:           |             | Zip:  |     |    |
| Daytime Phone:   |  |                  | Cell Phone: |   |     |    |
| Email Address:   |  |                  |             |   |     |    |
| Are you a citizen of the United States or are otherwise authorized to work in the U.S? |  |                  |             |   | Yes | No |
| Have you ever worked for the Town of Madison?  |  | Yes              | No          | Have you ever been convicted of a felony in the last seven (7) years? |     |    |
| If so, when?   |  | If yes, explain: |             |   |     |    |

## MILITARY SERVICE

|                    |  |     |    |                            |  |
|--------------------|--|-----|----|----------------------------|--|
| Are you a veteran? |  | Yes | No | Duty/Specialized Training: |  |
|--------------------|--|-----|----|----------------------------|--|

## EDUCATION

|  |     |      |        |       |     |    |
|--|-----|------|--------|-------|-----|----|
| High School:                                 |     | City |        | State |     |    |
| Do you possess a high school diploma or GED? |     |      |        |       | Yes | No |
| College:                                     |     | City |        | State |     |    |
| Did you graduate?                            | Yes | No   | Degree |       |     |    |
| Other:                                       |     | City |        |       |     |    |
| Did you graduate?                            | Yes | No   | Degree |       |     |    |

## SKILLS AND QUALIFICATIONS

Please list any special skills, degrees, certificates, qualifications, accomplishments and awards that may qualify you for the position you are applying for; including driver's license information (license number, State, expiration date)

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## REFERRAL SOURCE

How did you hear about this position?

|  |
|--|
|  |
|  |

Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT - PLEASE LIST IN REVERSE CHRONOLOGICAL ORDER**

|                   |  |                     |             |
|-------------------|--|---------------------|-------------|
| Employer:         |  | Phone:              |             |
| Address:          |  | City:               | State:      |
| Job Title:        |  |                     |             |
| Responsibilities: |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
| Hire date:        | End date:                                | Reason for Leaving: |             |
| Supervisor:       | May we contact your previous Supervisor? |                     | Yes      No |

|                   |  |                     |             |
|-------------------|--|---------------------|-------------|
|                   |  |                     |             |
| Employer:         |  | Phone:              |             |
| Address:          |  | City:               | State:      |
| Job Title:        |  |                     |             |
| Responsibilities: |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
| Hire date:        | End date:                                | Reason for Leaving: |             |
| Supervisor:       | May we contact your previous Supervisor? |                     | Yes      No |

|                   |  |                     |             |
|-------------------|--|---------------------|-------------|
|                   |  |                     |             |
| Employer:         |  | Phone:              |             |
| Address:          |  | City:               | State:      |
| Job Title:        |  |                     |             |
| Responsibilities: |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
| Hire date:        | End date:                                | Reason for Leaving: |             |
| Supervisor:       | May we contact your previous Supervisor? |                     | Yes      No |

|                   |  |                     |             |
|-------------------|--|---------------------|-------------|
|                   |  |                     |             |
| Employer:         |  | Phone:              |             |
| Address:          |  | City:               | State:      |
| Job Title:        |  |                     |             |
| Responsibilities: |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
|                   |  |                     |             |
| Hire date:        | End date:                                | Reason for Leaving: |             |
| Supervisor:       | May we contact your previous Supervisor? |                     | Yes      No |



Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

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1. It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Town of Madison's service if I have been employed.

2. I give the Town of Madison the right to investigate all references to secure additional information about me, if job related. I hereby release from liability the Town of Madison and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

3. I understand that this application is current for one (1) year for the position which is sought. I understand that after one (1) year, or if I wish to be considered for another position within the Town of Madison, I must complete a new application.

4. I understand and acknowledge that, unless otherwise defined by a collective bargaining agreement or applicable law, any employment relationship with the Town of Madison is of an "at will" nature, which means that the Employee may resign at any time and the Town may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the First Selectman and/or the Board of Selectmen of the Town of Madison.

5. In the event of employment, I understand that false or misleading information given in my application, resume, and/or interview(s) may result in immediate discharge.

6. The hiring process may include an application, written examination, oral examination, or training and experience rating; or, any combination thereof. The hiring process may also include a post-offer physical examination that may include drug screening and a criminal background check. Failure to pass any facet of this process may result in disqualification or the withdrawal of any offer of employment. Any applicants for safety-sensitive jobs requiring a Commercial Driver's License (CDL) will be required to submit to pre-employment and random drug & alcohol testing in compliance with DOT regulations.

7. Applications submitted for employment may be public records. The Town of Madison cannot assume responsibility for the confidentiality of information provided on an employment application.

**DISCLAIMER AND SIGNATURE**

As an applicant seeking employment with the Town of Madison, I certify that my answers are true and complete to the best of my knowledge and agree to comply with the above conditions of employment. Electronic Signature Agreement. By selecting the "I accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature of this Agreement and you consent to be legally bound by this Agreement's terms and conditions.

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

I Accept

*The Town of Madison is an Equal Opportunity Employer. The Town of Madison does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.*

Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**Voluntary Affirmative Action Information**

**Position Applied For:** \_\_\_\_\_

The Town of Madison considers applicants for all positions without regard to race, color, religion, gender, sexual orientation, age, disability, or veteran status. As required, we comply with government regulations including the Affirmative Action requirements of Section 503 of the Rehabilitation Act or other federal laws or regulations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey, which will be filed separately from your application.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

**Applicant's Name:** \_\_\_\_\_

**Referral Source: (Please check one)**

- |   |   |                                   |                                  |
|---|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Advertisement                | <input type="checkbox"/> Employee                             | <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency            |                                   |                                  |
| <input type="checkbox"/> Other                        | <input type="checkbox"/> Name of Source (if applicable) _____ |                                   |                                  |

**Applicant Affirmative Action Data**

Gender: (check one box)  Male  Female

**Race/National Origin: Check the box that corresponds to the category that best identifies your race/ethnicity.**

- White - (not of Hispanic origin)
- Black - (not of Hispanic origin)
- Hispanic
- American Indian/Alaskan native
- Asian/Pacific Islander
- Other - (please specify) \_\_\_\_\_

**Disabled Veterans and Individuals with Physical or Mental Handicaps or Disabilities**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ; and advance in employment; qualified disabled veterans and qualified handicapped individuals.

You are invited to volunteer this information; if you qualify, to assist in the proper placement and determining reasonable accommodation. This information is confidential and refusal to provide this information will not effect your consideration for employment.

**Please check if any of the following are applicable:**

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Individual with Disability |
|----------------------------------|---|---|

