



TOWN OF DARIEN APPLICATION FOR EMPLOYMENT

Instructions: Please complete the application in its entirety. Applications must be emailed or postmarked no later than the posted closing date. All required documents must be submitted to be considered for the position. Application materials must be submitted to the Town of Darien, Town Hall, 2 Renshaw Road, Darien, CT 06820, Attn: Human Resources Department or emailed to kdunn@darienct.gov

PLEASE TYPE

| | |
|--------------------------------|--|
| Position you are applying for: | Lowest salary willing to accept: <i>(voluntary)</i> |
|--------------------------------|--|

| | | |
|------------|-------|--------|
| Name: Last | First | Middle |
|------------|-------|--------|

Address – Number and Street, Town/City, State & Zip Code:

| | | |
|-------------|----------------------------|--------|
| Cell Phone: | Home Phone (if different): | Email: |
|-------------|----------------------------|--------|

| | | | |
|------------------|-----|----|------------------------------------|
| Will you accept: | YES | NO | Temporary Work: Part-Time Work: |
|------------------|-----|----|------------------------------------|

EDUCATIONAL BACKGROUND

| Schools Attended (Include High School) | Location (City & State) | Course of Study or Major | Credits Completed | Degree or Certificate Awarded |
|---|----------------------------|-----------------------------|----------------------|-------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List other Training you have received (For example, special courses, work training programs, armed forces training, etc. Estimate the number of hours of actual training you received).

Please list any license or professional designation (e.g., CPA): _____

| | |
|--|--|
| Do you have friends or relatives working for the Town? | If yes, list the name(s), the dept. where they work & their relationship to you. |
|--|--|

Can you perform the essential job functions of the job for which you are applying, with or without reasonable accommodation?

PROFESSIONAL REFERENCES (3 Required): List three persons who are not related to you, **who would have knowledge of your qualifications** for the position for which you are applying. This should include current and former supervisors, and may also include co-workers/colleagues. It is the policy of the Town to contact references for candidates who are finalists.

| Name | Title/Occupation, Business | Address/Email Address | Telephone |
|------|-------------------------------|-----------------------|-----------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY: Start with your current or most recent job. Include paid and/or unpaid, full- or part-time, military, summer jobs, etc.

Is it OK to contact your current employer? YES NO

Job Title:

| | | |
|-------------|-----------|--|
| Start Date: | End Date: | Name and Address of Current or Most Recent Employer: |
|-------------|-----------|--|

| | |
|---------------|---|
| Hours Per Wk: | Name, Title & Phone Number of Immediate Supervisor: |
|---------------|---|

Reason for Leaving:

Description of Duties and Responsibilities:

Job Title:

| | | |
|-------------|-----------|-------------------------------|
| Start Date: | End Date: | Name and Address of Employer: |
|-------------|-----------|-------------------------------|

| | |
|---------------|---|
| Hours Per Wk: | Name, Title & Phone Number of Immediate Supervisor: |
|---------------|---|

Reason for Leaving:

Description of Duties and Responsibilities:

| EMPLOYMENT HISTORY (continued) | | |
|---|---|-------------------------------|
| Job Title: | | |
| Start Date: | End Date: | Name and Address of Employer: |
| Hours Per Wk: | Name, Title & Phone Number of Immediate Supervisor: | |
| Reason for Leaving: | | |
| Description of Duties and Responsibilities: | | |
| Job Title: | | |
| Start Date: | End Date: | Name and Address of Employer: |
| Hours Per Wk: | Name, Title & Phone Number of Immediate Supervisor: | |
| Reason for Leaving: | | |
| Description of Duties and Responsibilities: | | |
| Job Title: | | |
| Start Date: | End Date: | Name and Address of Employer: |
| Hours Per Wk: | Name, Title & Phone Number of Immediate Supervisor: | |
| Reason for Leaving: | | |
| Description of Duties and Responsibilities: | | |

EMPLOYEE CERTIFICATIONS AND AGREEMENTS

I understand that my offer of employment may be conditioned on a pre-employment physical and drug test. If I test positively on a properly confirmed drug test for controlled substances or refusal to submit to a drug test it is grounds for the withdrawal of any offer of employment and if a positive properly confirmed pre-employment drug test is reported after I have begun employment, it may be grounds for termination of any employment.

I authorize representatives of the Town of Darien to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to and hereby release all such persons and waive any and all claims, demands or causes of action whatsoever, in connection with the request for and release of such information.

I certify that the information on this job application and all information provide throughout the pre-employment process is accurate, true. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer if the omission or falsehood is discovered before I begin employment, and if discovered after I have begun employment, it may be grounds for termination of my employment for just cause under the terms of any applicable collective bargaining agreement. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

I understand that employment, if offered is contingent upon proof of citizenship or employability under the requirements of the Immigration Reform Control Act (IRCA).

All employees of the Town of Darien have the right to resign from their jobs at any time, or for any reason or for no reason at all. Unless your position is governed by a collective bargaining agreement, statute or other contract, the Town of Darien retains the same right with respect to termination of any employee's employment. No department head, supervisor or other individual of the Town of Darien has authority to make a commitment of guaranteed or continuing employment to you, and no document or publication of the Town of Darien should be interpreted to make such a guarantee. **NOTHING STATED BY THE TOWN OF DARIEN, IN WRITING OR ORALLY, DURING THE INTERVIEW AND/OR HIRING PROCESS IS TO BE CONSTRUED AS CREATING A CONTRACT BETWEEN THE APPLICANT AND THE TOWN OF DARIEN.**

I, the undersigned have read, understand and agree to the foregoing.

Signature of Applicant

Date

Note: A typed name will substitute for a handwritten signature.