

APPLICATION FOR CONSIDERATION CIVIL SERVICE COMMISSION – TOWN OF WINCHESTER

Position sought: _____

Instruction to applicant: This application for consideration shall be completed by the applicant whose name appears below. The applicant shall complete all sections and submit additional documents or records as stated within the position announcement. Within this application, you must provide information which demonstrates that you meet the minimum qualifications as stated within the position announcement. You must submit the completed application by mail to:

**Civil Service Commission
P. O. Box 41
Winsted, Connecticut 06098**

This application must be postmarked no later than the stated closing date for the submission of applications within the position announcement. **INCOMPLETE, UNSIGNED OR APPLICATIONS SUBMITTED AFTER THE CLOSING DATE SHALL BE REJECTED BY THE CIVIL SERVICE COMMISSION.**

Identification: _____

Last Name	First Name	Middle Initial
Street Address		
Town	State	Zip Code
		Telephone

Status: Are you an honorably discharged American Military Veteran? _____
(If "yes", submit copy of DD-214 with this application)

Are you domiciled within the Town of Winchester at this time? _____

Have you ever been convicted of any criminal offense? _____
(If "yes", provide a detailed description of such convictions on separate page attached to this form. Conviction for offenses may not exclude your application for consideration)

Are you an American citizen or resident alien authorized to work in the United States? _____
(If resident alien, attach copy of visa and/or work authorization)

Has the Town of Winchester ever employed you? _____
(If "yes", provide details on a separate page attached to this application)

References: Provide the name, address and telephone number of three (3) individuals who have knowledge of your qualification and fitness for this position.

Name	Address	Telephone	Nature of Association

Meeting the Minimum Qualifications: Within this section, you are to detail your educational, employment and licensing which meet the minimum requirements as stated in the position announcement.

EDUCATION: Do you possess a high school diploma or equivalency diploma? _____
 If "yes", attach a photocopy and identify the issuing location below:

Name of School	Location by Town and State	Dates Attended	Graduation Year
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POST-SECONDARY EDUCATION: Record your attendance and/or completion of college, technical school or specialized training in the spaces below:

Name of School	Location by City and State	Course of Study	Date Completed
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You are required to submit a certified copy of any transcript or a request for a transcript from the school attached to this application to meet any educational/training minimum position requirement.

LICENSES/CERTIFICATES: Record your possession of licenses or certificates which you hold that are required within the position announcement. (Attach photocopies of each license to this application)

License/Certificate Type	Issuing Authority	Date Issued	Date Expires	Identifying #
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EMPLOYMENT: Record the verifiable employment, which demonstrates your meeting the stated minimum requirements for the position applied for:

Employer _____ Address _____
 Telephone _____ Supervisor _____ Position _____
 Dates of Employment: from _____ to _____ May we contact this employer? _____
 Describe your duties: _____

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 Telephone _____ Supervisor _____ Position _____
 Dates of Employment: from _____ to _____ May we contact this employer? _____
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Employer _____ Address _____
 Telephone _____ Supervisor _____ Position _____
 Dates of Employment: from _____ to _____ May we contact this employer? _____
 Describe your duties: _____

Possession of other required skills or qualifications:

Within the space below, you are requested to describe your verifiable skills not described in other sections of this application such as computer skills, familiarity with types of equipment or tools.

Additional Information: Within the space below, you may provide additional information or answers to questions within this application: _____

Acceptance and Testing: The Civil Service Commission shall notify you by prepaid first class mail, directed to the address upon this application of any action regarding this application, scheduling for testing or other actions. You are requested to advise this Commission, in writing, of any changes of residence or telephone number. Those changes should be submitted to the Civil Service Commission, P. O. Box 41, Winsted, CT 06098.

The Town of Winchester is an Equal Opportunity employer that maintains a drug free workplace.

Upon prior notice by applicants, the Civil Service Commission shall provide reasonable accommodation to candidates who require it to participate in employment consideration/testing.

The Town of Winchester and the Civil Service Commission may require applicants to submit to physical, polygraph or other examination in addition to a background investigation, including fingerprinting upon the offer of employment, prior to appointment. The cost of such testing shall be borne by the Town of Winchester.

Initial appointments to the classified service of the Town of Winchester include a probationary or working test period of up to six (6) months.

Authorization and Waiver: I, the undersigned applicant, authorize the Civil Service Commission and the Town of Winchester to make inquiries with regard to my fitness and qualifications for employment. I specifically authorize and release the Town of Winchester, its employees, agents, assigns and officers to obtain my employment records and to verify any element of this application. Photocopies of this release shall be considered as originals. This authorization shall expire one (1) year from the date below. I release said employees, officers, agents or assigns of the Town of Winchester for any damage or issue arising from any inquiry.

Certification: I, the undersigned applicant for consideration, have personally completed all entries within this application, have read and understand this application. I have provided accurate and complete information/responses to all questions. I understand that this application shall be retained permanently by the Civil Service Commission and shall be incorporated into a permanent personnel file upon appointment to town service.

Applicant's Name Printed

Applicant's Signature

Date Signed

Documents attached to this application by the applicant: Please enter in the spaces below, the forms, documents or certificates which you are submitting with this application. If none, state so.

THIS FORM SUPERCEDES ALL PRIOR APPLICATION FORM – MAKE NO ENTRIES BELOW

Date Received:
Commission Stamp

Review date: _____

ACCEPTED:
Commission Stamp

REJECTED: _____

TEST DATE: _____

SCORE: _____

List of Eligibles: _____

Date of Issue: _____

Referred to appointive authority: _____

The candidate named within was appointed to the position of _____

on _____ by _____.

Appointive Authority

Attach Personnel Action Form

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 furnish it. However, if you choose not to furnish it, under Federal regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way. 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 because of age or handicap. 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. Much of the information requested below is for STATISTICAL PURPOSES ONLY. You will be required to provide only that information which is needed for a Bona Fide occupational qualification. The completion of this form for Affirmative Action is voluntary on your part.

() I do not wish to furnish this information

1. ETHNIC RACIAL STATUS (Please check one)

- a. _____ American Indian or Alaskan Native
- b. _____ Asian
- c. _____ Black or African-American
- d. _____ Hispanic or Latino
- e. _____ Native Hawaiian or Pacific Islander
- f. _____ White
- g. _____ Other

THIS INFORMATION IS FOR TOWN OFFICIALS USE ONLY

2. MARITAL STATUS (Please check one)

- a. _____ Single
- b. _____ Married
- c. _____ Divorced
- d. _____ Widowed
- e. _____ Separated

3. DATE OF BIRTH: Month _____ Day _____ Year _____

Name: _____

Address: _____

City/Town: _____ State _____ Zip _____

I certify the above information is true and correct.

Signature: _____ Date: _____