



Town of Ledyard  
741 Colonel Ledyard Hwy.  
Ledyard, CT 06339

### Application for Employment

**PLEASE NOTE: Application for employment must be completed in full with an original signature by the applicant for consideration in the hiring process. Attaching a resume does not relieve the applicant of the requirement.**

DISCRIMINATION BECAUSE OF AN INDIVIDUAL’S RACE, COLOR, RELIGIOUS CREED, AGE, SEX, MARITAL OR CIVIL UNION STATUS, NATIONAL ORIGIN, ANCESTRY, DISABILITY, SEXUAL ORIENTATION, VETERAN STATUS, OR ANY OTHER PROTECTED CLASS IS PROHIBITED. THE TOWN OF LEDYARD IS AN EQUAL OPPORTUNITY EMPLOYER IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL LAWS. THIS MEANS THAT WE MAKE EMPLOYMENT DECISIONS BASED SOLELY UPON YOUR QUALIFICATIONS AND ABILITIES.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Position Sought: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

CDL License?  Yes  No If yes, please list any endorsements: \_\_\_\_\_

Are you under 18 years of age?  Yes  No

If Yes, state your Date of Birth: \_\_\_\_\_

Can you furnish a Statement of Age/Working Paper as appropriate?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  Yes  No

Have you ever worked for the Town of Ledyard?  Yes  No

If Yes: Dates \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment?  Yes  No

May we Contact you at work?  Yes  No

When is the best time to reach you? \_\_\_\_\_

**SMOKING IS PROHIBITED IN ALL TOWN BUILDINGS AND VEHICLES**

EDUCATIONAL BACKGROUND						
	Name and Location of School	Grade Point Average or Class Rank	Course of Study	Number of Years Completed	Did you Graduate ?	Degree or Diploma
High School					Y [ ] N [ ]	
College					Y [ ] N [ ]	
Other Education					Y [ ] N [ ]	

**EMPLOYMENT HISTORY**

If selected for employment, are you willing to submit to a pre-employment drug screening test?  
 Yes  No

(Most Recent First)

- Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
- Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
- Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_  
 Duties Performed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

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4. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**SPECIAL TRAINING, QUALIFICATIONS, AND SKILLS:**

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**CERTIFICATIONS OR LICENSES HELD:**

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**LIST OTHER INFORMATION PERTINENT TO THE EMPLOYMENT YOU ARE SEEKING:**

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**DISCLOSURE, ACKNOWLEDGEMENT, AND AUTHORIZATION**

**DISCLOSURE AND ACKNOWLEDGEMENT OF INTENT TO CONDUCT DRUG TEST**

Please be advised that after making an offer and before hire, the Town of Ledyard may conduct a urinalysis drug test as part of the application process if required by your job duties and responsibilities. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.

I certify by my signature below that I have read and reviewed the "Disclosure of Intent to Conduct Drug Test," and I understand that I may be required to submit to a drug test as part of the application process.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(A photocopy of this authorization is to be accepted as an original.)

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**AUTHORIZATION TO OBTAIN CREDIT OR CONSUMER INFORMATION**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the Town of Ledyard may seek credit and/or consumer information about you from a credit reporting agency (CRA) or other sources. This may include the Town of Ledyard or its affiliates or agents requesting information about your character, general reputation, personal characteristics or mode of living, obtained through personal interviews with neighbors, friends, associates or acquaintances of the consumer. A report containing such information is defined by the Federal Trade Commission as an "investigative consumer report."

The Fair Credit Reporting Act provides you with certain rights whenever an employer or other entity seeks credit or consumer information about you, including information contained in an "investigative consumer report." The attached notice, which is copied from a form developed by the Federal Trade Commission, provides a summary of your rights under the Fair Credit Reporting Act. By signing this notice you are acknowledging receipt and review of this disclosure and the attached summary of your rights under the Fair Credit Reporting Act.

By signing this notice you are also authorizing the Town of Ledyard or its affiliates or agents to obtain credit or consumer information about you, including an investigative consumer report, at any time prior to or during your employment with the Town of Ledyard or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING PROOF OF AUTHORIZATION TO WORK  
IN THE UNITED STATES**

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I certify by my signature below that I understand that an offer of employment and my continued employment are contingent upon satisfactory proof of my authorization to work in the United States.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING CRIMINAL HISTORY CONVICTION  
INFORMATION REQUEST**

Have you ever been convicted of a crime\* (with regards to motor vehicles, include only felony convictions)? If yes, please give charge, location, court date and describe in full. I certify by my signature below that I understand that if I am offered and accept employment, a criminal history conviction information request shall be submitted to confirm the conviction information I have provided in this application.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

\*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. These criminal records subject to erasure pertain to a finding of delinquency or a child's being a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to these rules shall not have been considered arrested within the meaning of the Connecticut General Statutes with respect to the erased proceedings and may so swear under oath.

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING DRIVING HISTORY INFORMATION  
REQUEST**

I certify by my signature below that I understand that if I am offered and accept employment, a driving history information request shall be submitted.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer to employ me. I understand and agree that if the employer decides to employ me, my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

By checking the box below and typing your name, it is your indication that you agree with the above statement.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_