



CITY OF NEW HAVEN
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT
 COMPLIES WITH ALL FEDERAL AND STATE ANTIDISCRIMINATION LAWS
 Department of Human Resources, 200 Orange Street
 New Haven, Connecticut 06510 Phone: (203) 946-8252

1. Job Applying For: _____

2. Your Name:
 (Print) Last Name: _____ First Name: _____ Middle: _____

3. Address: _____ 4. Contact Telephone Number: _____
 Number and Street:

City _____ State _____ Zip _____

5. Were you, at any time, previously employed by the City Of New Haven? If "Yes," list title(s) and dates of employment: _____
 _____ Yes _____ No

6. Social Security Number: (Optional) _____ / _____ / _____
 7a. Are you at least 18 years of age? _____ Yes _____ No
 7b. Are you a veteran? _____ Yes _____ No

8. EDUCATION/TRAINING: A. Did you graduate from high school or receive a GED diploma? _____ Yes _____ No

B. List last high school or trade school you attended:

NAME OF SCHOOL	LOCATION	COURSE(S) OR MAJOR	DEGREE/DIPLOMA

C. List any colleges, graduate schools, business schools or technical schools attended:

NAME OF SCHOOL	LOCATION	COURSE(S) OR MAJOR	DEGREE/DIPLOMA

D. Do you have a current Driver's License? _____ Yes _____ No Do you have a current Commercial Driver's License? _____ Yes _____ No
 If yes, indicate issuing State: _____ If yes, indicate issuing State: _____

E. ADDITIONAL TRAINING, SPECIAL COURSES OR LICENSES: List any other training, special courses or licenses related to the job for which you are applying. List machines you operate, computer skills and any other special skills or abilities related to the job you want.

9. WORK EXPERIENCE: Start with your present or last job and work back listing all paid or unpaid full or part-time work, military service, and summer jobs performed during the last 10 years. Please list all pertinent information related to the job for which you are applying. (If more space is required, attach additional sheets or your resume).

Starting Date: Month _____ Year _____	Ending Date: Month _____ Year _____	Name and Address of Employer: _____
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Hours per Week: _____	Name and Title of Immediate Supervisor: _____
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Reason for Leaving: _____

May we Contact? _____ Yes _____ No If No, why?: _____

Your Job Title: _____

Your Duties: _____

Starting Date: Month _____ Year _____	Ending Date: Month _____ Year _____	Name and Address of Employer: _____
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Hours per Week: _____	Name and Title of Immediate Supervisor: _____
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Reason for Leaving: _____

May we Contact? _____ Yes _____ No If No, why?: _____

Your Job Title: _____

Your Duties: _____

10. As part of the selection process you are required to complete a Conviction History & Release of Information Form and submit it when requested by the City of New Haven. The form can be obtained at 200 Orange Street. Please do not submit the Conviction History & Release of Information Form with your application unless directed to do so in the job announcement.

11. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false or inaccurate information, regardless of when it is discovered, may result in the rejection of this application or my dismissal if employed.

DATE _____ SIGNATURE OF APPLICANT _____