



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 (one title per application):

2. Your Name: (Print)

Last Name:

First Name:

Middle:

3. Address:

Number and Street:

4. Contact Telephone Number:

City:

State:

Zip:

Email Address:

5a. Are you currently employed by the City of New Haven, including the Board of Education? Yes No

5b. Were you, at any time, previously employed by the City Of New Haven, including the Board of Education? Yes No
If "Yes," to 5b, list Department, Title(s) and dates of employment:

6. Social Security Number: (Optional)

7. Are you at least 18 years of age? Yes No

8. EDUCATION / TRAINING:

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

NAME OF SCHOOL	LOCATION	CIRCLE LAST GRADE COMPLETED	DIPLOMA / GED RECEIVED?
		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

NAME OF SCHOOL	LOCATION	MAJOR	TYPE OF DEGREE / CERTIFICATE

c. Do you have a current Driver's License?

Yes No If yes, indicate issuing State: _____

Do you have a current Commercial Driver's License?

Yes No If yes, indicate issuing State: _____

Exp Date: _____ Endorsements, if any: _____

Exp Date: _____ Class: _____

d. **Specialized training and skills:** List any other trade licenses or certifications, skills and training you have related to the job for which you are applying. Include machines you can operate, computer skills, and additional languages you are fluent in.

9. **Work Experience:** Start with your present or most recent employment experience, and working backward, list all paid or unpaid, full or part-time work, military service, summer jobs, and volunteer work performed during the last 10 years. List all pertinent information related to the job for which you are applying. (If more space is required, attach additional sheets or your resume).

1 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?:	
Reason for Leaving:	Your Present or Last Job Title:	
Your Duties:		

2 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?:	
Reason for Leaving:	Your Job Title:	
Your Duties:		

3 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, why?:	
Reason for Leaving:	Your Job Title:	
Your Duties:		

10. **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: _____

Section I: Mandatory-For Civil Service Exams, all applicants must complete this section.

A. VETERAN'S PREFERENCE POINTS may be given to applicants who are veterans and who:

(A) served on active duty in the armed forces during a war, in a campaign or expedition for which a campaign badge has been authorized, or during the period beginning April 28, 1952, and ending July 1, 1955; **or**

(B) served on active duty as defined by section 101 (21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976; not including service under section 12103 (d) of title 10 pursuant to an enlistment in the Army National Guard or as a Reserve for service in the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; **or**

(C) served on active duty as defined by section 101 (21) of title 28 in the armed forces during the period beginning on August 2, 1990, and ending on January 2, 1992; **or**

(D) served on active duty as defined by section 101 (21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, an ending on the date prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom;

and who has been discharged or released from active duty in the armed forces under a condition other than dishonorable.

Will you claim Veteran's Preference (5 Points)? If yes, check below:

AS A VETERAN (As specified in category A, B, C, or D above)

Will you claim Disabled Veteran's Preference (10 Points)? If yes, check below:

AS A CURRENT DISABLED VETERAN

IMPORTANT: Proof of right to Veteran's Preference will be required at the time of taking a Civil Service Exam. A copy of Form DD-214 will be required.

Note: Veteran's points are only added after a candidate passes an open competitive exam. Highest score for any exam is 100%. Either 5 or 10 points will be added. Veteran's points are not added for promotional exams.

B. RESIDENCY POINTS:
A person domiciled in the City of New Haven may have 5 points added to their passing score on an open competitive examination.

Indicate in the box below whether you are a New Haven resident:

YES NO

IMPORTANT: Proper application and proof of Residency will be required at the time of taking the Civil Service Exam.

Note: Residency points are only added after a candidate passes an open competitive exam. Highest score for any exam is 100%. Residency preference points are not added to promotional exams.

TESTING ACCOMMODATIONS

Qualified individuals with a disability may request special testing accommodations under provisions of the American with Disabilities Act (ADA) by contacting the Department of Human Resources.

Section II: Voluntary In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

A. RACE / ETHNIC DATA:

1 ___ BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

2 ___ HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

3 ___ WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

4 ___ AMERICAN INDIAN OR ALASKAN NATIVE (not of Hispanic origin): All persons having origins in any of the original peoples of North or South America (including Central America) who maintains tribal affiliation or community recognition.

5 ___ ASIAN or PACIFIC ISLANDER (not of Hispanic origin): All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, Hawaii, Guam, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Samoa, Thailand and Vietnam.

B. GENDER: FEMALE MALE

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity? Check the appropriate box(es):

1 ___ An examination announcement

2 ___ The Department of Human Resources

3 ___ A job service office

4 ___ Community organization. Please specify: _____

5 ___ Ad placed in professional journal or newspaper. Please specify: _____

6 ___ Radio or TV announcement. What station? _____

7 ___ A present City employee.

8 ___ Other. Please specify: _____