

Employment History

Present/Last Employer: _____

Employment Dates: _____

Address: _____
Street City State Zip

Phone: _____

Job Title: _____ # of people supervised ____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

Previous Employer: _____

Employment Dates: _____

Address: _____
Street City State Zip

Phone: _____

Job Title: _____ # of people supervised ____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

Any additional employment history may be attached to this application

ALL POSITIONS SUBJECT TO BUDGETARY AND/OR PROGRAM CHANGES

Hiring Process: The hiring process may include an application, an interview, a background investigation which may include finger printing and post offer drug screening. Failure to pass any facet of this process may result in disqualification or the withdrawal of any offer of employment. Applications submitted for employment may be public records. The City of Middletown cannot assume responsibility for the confidentiality of information provided on an employment application. I have read the above statements and understand them. **Initial** _____

I certify, under Middletown ordinance 74-2 (formerly Section 20-29), which is available upon request, that I have read this application and supporting information and that all information provided is true, correct, complete and not misleading to the best of my knowledge and belief. I understand that the City will rely upon this information in considering my application for employment and that if I knowingly make misstatements or omissions of facts I am subject to disqualification, dismissal from employment, or prosecution for false statement under the General Statutes; and, that the City, or its insurance company or other party by or on behalf of the City will not be responsible for any loss resulting from incorrect or incomplete information in the application or supporting material. I give consent for you to check with all persons and companies cited on the employment application, except my present employer, if so noted, and release them from all liability for damage for providing the information. I will be residing at the summer address given herein during the course of employment. I have read the above statements and understand them.

Applicant Signature _____ Date: _____

Office Use only:

Interviewed _____ Date Hired _____



This information will not be used in the selection process.
It is kept separate from your application and is not seen by anyone making the hiring decision.

VOLUNTARY DEMOGRAPHIC INFORMATION:

Name: _____

Sex (please check one) Male Female

Race or Ethnic Group (describe yourself in terms of one of the following groups):

- White/Caucasian
- Hispanic/Latino
- Black/African American
- American Native or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Two or More Races
(Persons who identify with two or more racial categories listed above)

Military Veteran Status:

- Veteran of the United States Armed Forces
- Disabled Veteran of the United States Armed Forces