



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People



Healthy Communities

EMPLOYMENT APPLICATION

MUST BE FILLED OUT COMPLETELY (PLEASE PRINT CLEARLY)

Applicants are considered for positions without regard to age, sex, religion, race, color, national origin, sexual orientation, marital or veteran status.

DATE: _____ SOCIAL SECURITY NO.: _____ - _____ - _____

NAME: _____
(LAST) (FIRST) (MI)

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____

PHONE NUMBER- HOME: _____ CELL: _____

ARE YOU UNDER AGE 18? NO YES IF YES, STATE BIRTHDATE: _____

CHECK APPROPRIATE BOX FOR TYPE OF EMPLOYMENT:

- Full-Time Regular Part-Time Temporary Seasonal Other

Position applying for or type of work interested in: _____

Rate of pay expected \$ _____

Have you filed an application with us before? _____ If Yes, when? _____

Were you previously employed by us? _____ If Yes, _____

NOTICE: An 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, 54-142a; criminal records subject to erasure pursuant to these statutes are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which a person received absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings and may so swear under oath.

Have you ever been convicted of a felony? YES NO
If Yes, describe in full. This information will not necessarily be a bar to your employment. _____

Are you either a U.S.Citizen or an alien authorized to work in the United States? YES NO
(Proof of citizenship or immigration status shall be required upon employment.)

RECORD OF EDUCATION

	NAME & ADDRESS OF SCHOOL	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
HIGH SCHOOL OR GED	_____					YES		
	_____					NO		

COLLEGE	_____					YES		
	_____					NO		

OTHER (Specify)	_____					YES		
	_____					NO		

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? YES NO If Yes, what Branch? _____

Dates of Duty: From _____ to _____ Rank at Discharge _____
 (Month/Day/Year) (Month/Day/Year)

List duties in the service, including special training: _____

PERSONAL REFERENCES

LIST BELOW 3 INDIVIDUALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE
 (Not Relatives)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

LIST ANY FRIENDS OR RELATIVES WORKING FOR US
 (Optional)

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job, listing all employers for the past 10 years. Include military service or volunteer assignments. Use additional sheets of plain paper if more space is needed. A resume may be submitted in addition to, but not in place of, completing the section below.

1	Employer _____ Telephone # _____ Address: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ (MO/YR) (MO/YR) Salary (Per Hour) Starting _____ Final _____	Description of Duties _____ _____ _____ _____
2	Employer _____ Telephone # _____ Address: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ (MO/YR) (MO/YR) Salary (Per Hour) Starting _____ Final _____	Description of Duties _____ _____ _____ _____
3	Employer _____ Telephone # _____ Address: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ (MO/YR) (MO/YR) Salary (Per Hour) Starting _____ Final _____	Description of Duties _____ _____ _____ _____
4	Employer _____ Telephone # _____ Address: _____ Job Title: _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From _____ To _____ (MO/YR) (MO/YR) Salary (Per Hour) Starting _____ Final _____	Description of Duties _____ _____ _____ _____

SPECIALIZED SKILLS, TRAINING OR QUALIFICATIONS

Summarize any special skills, qualifications, current certifications or licenses.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection from consideration or dismissal from employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I also authorize all persons and companies named above to furnish any information regarding me, whether or not it is in their records, and hereby release them from all liability for damage for providing this information. Any offer of employment is contingent on passing a physical examination.

Date: _____ **Signature:** _____

Bristol-Burlington Health District

APPLICANT DATA

INSTRUCTIONS: The following information is needed for various governmental reporting requirements such as EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process. The information requested below is for STATISTICAL PURPOSES ONLY. The completion of this form is voluntary on your part.

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, sexual orientation or disability. The Bristol-Burlington Health District 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.

1. ETHNIC RACIAL STATUS (Please check one)

- A. White (Not of Hispanic origin)
- B. Black (Not of Hispanic origin)
- C. Hispanic or Latino
- D. American Indian or Alaskan Native
- E. Asian or Pacific Islander
- F. Other or two or more races

2. SEX

- Male
- Female

3. DATE OF BIRTH _____

Last Name, First Name: _____,

Address: _____

City: _____ State: _____ Zip Code: _____

I certify that the above information is true and correct.

Date: _____

Signature: _____