



Glastonbury Housing Authority Glastonbury, Connecticut

Return to:

Glastonbury Housing Authority
25 Risley Road
Glastonbury, CT 06033

EMPLOYMENT APPLICATION

The Glastonbury Housing Authority is committed to a policy of non-discrimination and equal opportunity for all qualified employees and applicants for employment. The Authority does not discriminate on the basis of race, color, sex, age, religion, marital status, national origin, ancestry, veteran status, sexual orientation, or disability as defined by law. The Authority will make reasonable accommodations for individuals with disabilities provided that the accommodation does not impose an undue hardship on the Authority.

INSTRUCTIONS FOR COMPLETING APPLICATION:

This application constitutes a part of the examination process. **It must be completed in full even if resumes or other supporting materials are attached.** Please answer all questions fully and accurately. Make your statements brief, but do not omit important information which may have relevance to the position. **Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive.**

Please type or complete in ink. **Email address is required**

Section 1: Exact Title of Position Applying For (A separate application is required for each position)			
Section 2: Personal Information			
Title	First Name	Middle Initial	Last Name
E-mail Address (required):			
Mailing Address,		City, State	Zip Code
Home Phone:	Cell Phone:	Work Phone:	
May we contact you at your work number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you either a U. S. Citizen or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Must provide documentation, if hired.			
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this position?			
<input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Website (Name) _____			
<input type="checkbox"/> Professional Association (Name) _____			
<input type="checkbox"/> Other (Please Indicate) _____			

For Authority Use Only

NAME: _____

Section 3 Military Record (Provide a copy of your DD 214, if applicable)		
Branch of Service	Dates Served	Type of Duty
Special Training Received:		

Section 4: Education				
Select highest grade completed				
<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> High School Equivalency College: <input type="checkbox"/> AA <input type="checkbox"/> BS/BA <input type="checkbox"/> MS/MA <input type="checkbox"/> Doctorate				
Colleges, Universities, business or Trade Schools you attended which apply to the position- list earned degrees only				
Name of School and Location	From (Mo/Yr)	To (Mo/Yr)	Major Subject	List Degree Received

Section 5: Licensure/Certifications and Skills
List all professional licenses, certifications, or classes for which you have and the position requires:
List any other related professional licenses, certifications, or classes that will benefit the position for which you are applying:
C. Please complete if applicable. I have the following skills:
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> E-Mail-Microsoft Outlook <input type="checkbox"/> Typing _____WPM
<input type="checkbox"/> Other software or equipment _____

NAME: _____

Section 6: Employment. List all employment including self employment, summer, part-time and full-time military service. You may also include any work performed on a volunteer basis. Start with the present or most recent employer.

Most recent/Current Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving

Description of Duties

Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving

Description of Duties

Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
	Supervisor name and phone number
	Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____
	Reason for Leaving:

Description of Duties	
Employer Name & Address Telephone (____) _____ Dates of Employment (Mo/Yr) _____ to (Mo/Yr) _____	Job Title _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week <hr/> Supervisor name and phone number <hr/> Starting Hourly/Monthly wage \$ _____ Final Hourly/Monthly wage \$ _____ Reason for Leaving
Description of Duties	

Section 7: References		
Once a job offer has been made, are you willing to have your present employer contacted regarding your qualifications and work performance? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please explain:		
List four professional and/or personal references. Do not list relatives or supervisors previously named in Employment Section. .		
Name	Address	Phone

For Authority Use Only

NAME: _____

Section 8: Use this space for any additional information, or for continuation of answers to previous questions. Refer to questions by section number.

Section 9: Certification. Please read the following and sign where indicated.

A. I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand that non-compliance with this certification will result in rejection of my application or, if I am already employed, immediate discharge from employment.

B. In the event that I am employed by this Authority, I agree to comply with all of its orders, rules and regulations. The Glastonbury Housing Authority makes no guarantee of continued employment. Only the Board of Commissioners and Executive Director may enter into an employment contract and then, only in a written agreement signed by all parties.

C. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

D. The Authority reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Failure to pass the test will result in the withdrawal of any offer of employment.

I hereby acknowledge that I have read the above statements and understand them.

Signature _____ Signature Date _____

Print Name:

NAME: _____

GLASTONBURY HOUSING AUTHORITY AFFIRMATIVE ACTION QUESTIONNAIRE

INSTRUCTIONS: The Glastonbury Housing Authority requests that each applicant complete the following questions so that accurate records of the recruitment process may be maintained. Completion of this section is not required for continued participation in the recruitment for a position, and is strictly voluntary.

This information is needed for compliance with governmental selection requirements and for EEO reports. It will be kept confidential and separate from the regular application, and will not be reviewed until the entire recruitment is completed.

Your cooperation in completing this form is appreciated and will enable us to evaluate our recruitment process in accordance with Affirmative Action policies. Thank you.

1 Position Applied For: _____

Age (Please check one)

16 or less 17 to 25 26 to 40 41 to 65 66 to older

2 Ethnic Racial Status (Please check one)

Male White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

Female White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

3 Are you a Vietnam Era Veteran? Yes No

4 How did you hear about this position?

Hartford Courant

Friend/Family

Glastonbury Citizen

Internet (please specify) _____

Other (please specify) _____

Name _____ Date _____

Address _____ City _____ State _____

PLEASE READ BEFORE COMPLETING APPLICATION

GENERAL INSTRUCTIONS:

1. Obtain a copy of the employment announcement before completing this application. The announcement includes important information such as closing date for applications and other job-related information. In some cases the job announcement also contains special filing instructions which detail exam materials that **must** be submitted with the application form.
2. Applications (and exam materials, if required) must be date stamped by the receiving office by the closing date. Late or incomplete application packages will not be accepted. (Resumes may be included as a supplement to the application form but they will not substitute for any information required on the application form.)
3. **Applications received for which there is no current employment announcement will be returned. Applications for position/job postings must be sent to the address in the posting. DO NOT send applications for position postings to the Housing Authority of the Town of Glastonbury main office unless the posting specifically directs you to do so.**
4. Type or print (in ink) all information.
5. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
6. Keep this page for yourself- Do not submit this page with your application.

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees serve at least a six month probationary period; the typical probationary period is for one year.