**Human Resources Department** City of Milford 70 West River Street Milford, CT 06460 (203) 783-3239

An Equal Opportunity Employer

### **SEASONAL APPLICATION**

Circle Selection(s) Camp Happiness Counselor / Lifeguard / Playground Counselor

#### RECREATION SEASONAL

Position applying for

## PLEASE TYPE OR PRINT CLEARLY IN BLACK INK. All blanks must be completed in order for application to be considered.

	WRITE IN THIS SPACE Rev. by:
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□Educ	
□Exp	
□Not Ci	ity EE
Other	

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		PERSOI	NAL INFORMATI	ON.			
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Last Name	First Name	M.I.	Other names by	which you has	to hoon known		diella af Can Can Ata
	· worramo	171.1,	Other harnes by	willch you hav	ve been known	-Last o	digits of Soc. Sec. No.
Present Address:					How long at th	Caparbhe air	
***************************************	nd Street City	, State	Zip Code		riow long at a	no audicos:	Years/Months
Mailing address (if different		,	•				COLONIALO
moning address (it different	mon residence address	No. and Stree	et	City		State	Zip Code
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Home Telephone	Cel	llular 	···	Email			
In case of emergency, notif	<b></b>						
in case of emergency, notif	у.						
Name	Rel	ationship		Telej	phone Number		
		-				<del>*************************************</del>	
List any relatives or member			l by the City of Milfo	ord			
Name(s)	Job	Title		***************************************	Department		
			MEL OVALENCE				
		=	MPLOYMENT	deservation of the state of	and the second second		
Can you perform the essenti	ial functions of the job for	r which you are	annhina with as wi	thaut a vana			7. —.
If no, please explain:	iai iunicuons of the job to	willen you are	applying, with or wi	inout a reasor	nable accommod	lation?	Yes No
ii iio, picaoc explain.							
Have you ever been dischar	and or acked to region?		□ No				
Have you ever been discharged or asked to resign?  Yes No  No							
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Martin and work		Karavavi	WORK EXPERI	ENGE			
Next to each work area,	piease indicate your	experience in	n this field. It is i	mportant th	at you be spe	cific and pr	ovide as much
information as possible.	. Include the amount	of time you s	pent doing this t	type of work	k and for whoi	m. How mai	ny
years/months? If this was part of your job, what percentage of your time was spent doing it? If selected your starting rate of							
pay will be commensura	ite with your experie	nce as notes i	in this applicatio	n.			
Employer			*****	FRO	DM MC	TO	TOTAL TIME
Your job title							101712 11112
				Hours pe	r week		
TRUCK DRIVINF/PLOWIN	C ar DOAD CONCEDU	TIONIA A INTE	MANOE.	riodio po			
TROOK DISTURPIELOWIN	G OF ROAD CONSTRUC	JI ON/MAINTEI	NANCE:				
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Employer Your job title			FRO	м	ТО		TOTAL TIME
OTHER WORK:			Hours per	week _			
SPE	CIAL SKILLS - FIE	El n 🥞					
Snowplowing:					£ 11 - 1.		
Describe any experience you may have had snowplowing. Include experience and type of area(s) plowed (roads, driveways, parking	ine size of the plov lots):	w(s) you r	nave onvei	1, number o	n months/y	ears of	snow plowing
Light Equipment: What best describes your skill level with a payloader?	☐ Excellent	□Ven	y good	Good	Fair	Пи	ever Used
What best describes your skill level with a backhoe? What best describes your skill level with a small tractor?	Excellent Excellent	☐ Ven	y good y good	Good Good	Fair Fair	□N	ever Used ever Used
Heavy Equipment: What best describes your skill level with a grader?		`					
What best describes your skill level with a Cat 225 excavator?	Excellent Excellent	☐ Very	y good y	☐ Good ☐ Good	☐ Fair ☐ Fair	□Ne	ever Used ever Used
What best describes your skill level with a bulldozer?	☐ Excellent	Very	y good	Good	Fair	∐ N∈	ever Used
OTHER TRAININ	G.SKILLS.AND/	OR LICE	ENSES	i i			
Other Training/Certifications (special courses, work training progra name and location where training was given, dates attended, subje	ams, armed forces tr	raining) re	elated to th	e job for wh	nich you are	applyir	ng. Give
and the country was given, dates attended, subjection	sot of training, total i	number o	n danning r	ouis, and c	Anei details	) <b>.</b>	
				,			
Summarize any other special skills or abilities relating to the job yo speak and read or write well, computer skills besides those mentio	ou want, such as: lic	enses, m	achines yo	u are able	to operate,	languag	ges you
opean and read of write well, computer skills besides those mention	neu above, anu any	y omer sp	eciai adiili	es of know	leage.		

	DRIVER'S LICENSE			
DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle:  (1) You must possess a valid driver's license,  (2) Any special endorsements must be current and valid,  (3) If you are offered employment by the City of Milford, and if your driver's license is from another state, you will be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.				
Do you have a valid driver's license: Yes	No State			
Expiration Date Classificat	tion	License #		
Endorsements:				
FINALISTS WILL BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT. Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.				

DATE \_\_\_\_\_

SIGNATURE of APPLICANT



#### **INVITATION TO SELF-IDENTIFY**

City of Milford

Recr	eatio:	n Sea	sonal	

Position applying for (use the title that appears on the job announcement)

# SECTION 1: CANDIDATE INFORMATION It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, unless they are bona-fide occupational qualifications. The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, all

applicants are strongly urged to complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

Federal Government for civil rights enforcement purposes.							
SECTION 2: GENERAL	INFORMATION						
Name		Date					
Social Security Number	000	(Last six digits ONLY)					
SECTION 3: STATISTICAL INFORMATION							
	PLEASE ANSWER THE FOLLOWING QUESTION:						
What is your race/ethnicity? (Please mark the ONE BOX that describes the race/ethnicity category with which you primarily idented and south Americal (Including Central American Indian or Alaska Native Asian (Not Hispanic or Latino) All persons having origins in any of the original peoples of North and South America (including Central American (Not Hispanic or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontaincluding, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.  Black or African American Hispanic or Latino (Not Hispanic or Latino) All persons having origins in any of the black racial groups of Africa.  All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.  (Not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.  (Not of Hispanic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.  Two or more races Aperson who primarily identifies with two or more of the above race/ethnicity categories.							
Gender Male Female							
SECTION 4: NON-PARTICIPATION  Please check box if applicable  I have read the above statement and have chosen not to complete this form.							
SECTION 5: RECRUITING INFORMATION  How did you hear about this job? (Please check one.)							
Milford Mirror	job : (i reade check one.)	Human Resources or Department Bulletin Board					
Other newspaper (give n	ame):	Community Agency (give name):					
City Website		Professional Journal (give name):					
Internet (list site):		Other (please specify):					
City Employee							

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City of Milford

#### APPLICANT DISCLOSURE FORM

#### NOTE:

THIS INFORMATION WILL BE REVIEWED ONLY BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT AND HIRING MANAGERS.

CRIMINAL CONVICTION INFORMATION Have you ever been convicted of any offenses other than juvenile, youthful offender, or a minor traffic violation? Yes No Have you ever been disqualified for a position with the City of Milford due to a criminal conviction or failure to Yes disclose a criminal conviction record? If yes, list the job title and date of disqualification; Date of Disqualification: Applicants are required to disclose the existence of any criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled;" (d) a criminal charge for which the person was found not guilty; or (e) a conviction for which the person received an absolute pardon. The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 5 of this application. A criminal conviction will not necessarily result in the rejection of this application, but will be considered as it relates to the nature of the position sought, and in light of any applicable state and federal law. Name (Print) Title of Position Sought Applicant's Signature Date PLACE OF ARREST DATE OF CONVICTION **OFFENSE** DATE OF ARREST SENTENCE (City/State)