



NORTHWEST CT PUBLIC SAFETY COMMUNICATION CENTER, INC.

95 UNION STREET
WATERBURY, CT 06706

EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

COMPLETE PAGES 1-5				Date of Application:	
Name:					
Last		First		Middle	
				Maiden	
Present Address:					
Number		Street		City	
				State	
				Zip	
How Long at this Address:					
Phone Number:		Email Address:			
Position Applied for:				Shifts Available to Work:	
Expected Rate of Pay:				Days: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source: <input type="checkbox"/> Walk in <input type="checkbox"/> Website				Evenings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Employee _____				Overnights: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other _____				Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours can you work weekly?			Have you ever been employed here before?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Employment Desired:					
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME					
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
When will you be available to start work?					
Will you relocate if job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you travel if job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				

REFERENCES-Please list two references other than relatives or previous employers.	
Name:	Name:
Position:	Position:
Company:	Company:
Relationship:	Relationship:
Telephone:	Telephone:

MILITARY			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of the national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty:	Date Entered:	Discharge Date:	
Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Job One			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary

Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Job Four

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

OTHER SKILLS & CERTIFICATIONS

State of CT Telecommunicator Certified: ☐ Yes ☐ No

EMD Certified: ☐ Yes ☐ No

If yes, check those that apply:

Priority Dispatch: ☐

APCO: ☐

Power Phone: ☐

CPR Certified: ☐ Yes ☐ No

Other Skills:

Northwest Connecticut Public Safety
Hiring and Employment Policies

Thank you for considering Northwest as a potential employer. Here we have provided a checklist of important components of the hiring process. Please review these policies and check the box at the left to note that you have read and understand them.

- ☐ Northwest is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex, national origin, religion, sexual preference, age, disability, or other protected group status.
- ☐ If you are the successful applicant for this position or for any other position, Northwest will contact you by telephone, letter, or email to extend an offer of employment to you. The offer letter will provide an overview of terms and conditions of employment.
- ☐ Like substantially all American employers, Northwest employs its personnel "at will." This means that you are free to leave your employment with Northwest at any time, and Northwest is free to terminate your employment at any time. The period upon which compensation is based, e.g., hourly, monthly, annually, does not modify an employee's at will status.
- ☐ Northwest embraces a zero-tolerance policy on harassment. This means that any harassment of fellow employees, customers, vendors, or anyone associated in any way with Northwest is strictly prohibited. All complaints of harassment will be promptly, fully and fairly investigated. Persons found guilty of harassment of any kind including, without limitation, harassment based upon gender, race, or sexual orientation, are subject to discipline up to and including discharge.
- ☐ Any modifications of the standard policies of Northwest must be approved in writing by the Executive Director of Northwest.¹ Any modifications related to your employment should be in writing signed by you and the executive Director.
- ☐ Any intentional falsification, misrepresentation, or distortion made in any company document, including employment applications, is grounds for immediate discharge.
- ☐ All policies of Northwest are in writing. They are contained in the Policy & Procedures Manual distributed to employees at the time of employment. You should not rely upon any oral representations made to you by anyone in the company, if the representation is contrary to the written policy.
- ☐ Drug and alcohol abuse is, sadly, widespread throughout the country costing employers millions of dollars annually in medical costs, lost productivity, and the like. Northwest therefore requires all new employees to pass an initial drug screening prior to employment.

I hereby acknowledge that I understand the foregoing policies and principles, and have indicated my understanding by checking the appropriate boxes. I understand that compliance with the foregoing, as applicable, is a material term and condition of my employment.

Candidate's Signature: _____

Date: _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Application Received By: _____ Date: _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:	Telephone:
Address:	Relationship:

TO BE COMPLETED BY EMPLOYER

Date of Employment:	Job Title:	Dept.:
Location:	Rate of Pay:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried

Applicant's signature acknowledging above information

Drug Test Confirmation:

Background Confirmation:

Name of Person Verifying Information:

Name of Person Authorizing Employment: