



EAST WINDSOR POLICE DEPARTMENT - Application for Employment



25 School Street - East Windsor, CT 06088 860-292-8240

The Town of East Windsor will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or expression, veteran status, or any other legally protected status.

(THE APPLICANT MUST PRINT CLEARLY AND LEGIBLY)

Date: _____ Position(s) Applied For: _____

Referral Source (Circle): Advertisement Friend Relative Walk-In College/Univ. Job Agency Website Other

Please Describe Source (Newspaper, Website, College, etc.): _____

Name: _____
LAST FIRST MIDDLE (MAIDEN NAME) EMAIL ADDRESS

Address: _____
NUMBER STREET CITY STATE ZIP CODE (How Long at Present Address?)

Telephone: _____ Cell: _____ SS#: ____/____/____ DL#: _____ State: _____

Application must be completed by the candidate

If under 18 years old, can you provide proof of eligibility to work? No Yes N/A _____

Are you 21 years of age or older to hold POST-C Law Enforcement positions in the State of Connecticut? No Yes

Have you filed an application with the Town of East Windsor before? No Yes _____ (Position/Date).

Have you ever been employed by the Town of East Windsor before? No Yes _____ (Position/Date).

Are you related to anyone currently employed by the Town of East Windsor? No Yes _____ (Name/Relationship).

Are you currently employed? No Yes

May we contact your present employer? No Yes

Are you prevented from lawfully being employed in this country due to Visa or Immigration Status? No Yes

(Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? _____

Are you interested in working: Full Time Part-Time Shift Work Temporary Seasonal Internship Volunteer

Are you on a lay-off and subject to recall? No Yes

Are you willing to travel if a job requires it? No Yes

Have you been convicted of a felony within the last 7 years? No Yes

(Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain:

-- The Town of East Windsor is an Equal Opportunity Employer --



EDUCATION & TRAINING:

	Name & Address of School	Course of Study/Graduated (Y/N)	Years Completed	Diploma/Degree
Elementary:	_____	_____ / _____	_____	_____
High School:	_____	_____ / _____	_____	_____
Comm. College:	_____	_____ / _____	_____	_____
Undergraduate:	_____	_____ / _____	_____	_____
Graduate School:	_____	_____ / _____	_____	_____
Technical/Other: (Please Specify)	_____	_____ / _____	_____	_____

Are you continuing your education and/or training? No Yes (If yes, please describe how):

Scholastic honors, awards, or scholarships? No Yes (If yes, please list them to include dates)

Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:

Are you conversant or fluent in any languages - other than English? No Yes (If yes, please describe)

List professional, trade, business or civic activities and offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Describe any job-related, police/dispatcher, and/or military training: (List all relevant training courses and certifications)

** This application must be thoroughly completed even if a Resume & Cover Letter are submitted*



ADDITIONAL INFORMATION:

SPECIALIZED SKILLS: [Check / then describe skills you possess, certifications, and list equipment you can operate]

Computer / (Type/Level)	Certifications & Skills / (Type, Status, and ID Number)
<input type="checkbox"/> Word Processing: / _____.	<input type="checkbox"/> Police Officer: / _____.
<input type="checkbox"/> Spreadsheets: / _____.	<input type="checkbox"/> EMT/Paramedic: / _____.
<input type="checkbox"/> Database: / _____.	<input type="checkbox"/> Dispatcher/Fire: / _____.
<input type="checkbox"/> Other skill(s) / _____ (Please describe).	<input type="checkbox"/> Technology: / _____.
Other / (Describe)	<input type="checkbox"/> Security Clearance: / _____.
<input type="checkbox"/> Typewriter: / _____.	<input type="checkbox"/> Other: / _____.
<input type="checkbox"/> Calculator: / _____.	<input type="checkbox"/> Other: / _____.
<input type="checkbox"/> Fax Machine: / _____.	<input type="checkbox"/> Other: / _____.
<input type="checkbox"/> Other (Explain): / _____.	<input type="checkbox"/> Other: / _____.

Please state any additional information you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS: DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied?

Yes No (If yes, please explain / You may use a separate sheet of paper)

REFERENCES: Provide Four Professional (4) References



1.			
	NAME		(_____) _____ <i>(Phone Number)</i>
	<i>(Address)</i>		<i>(Years Known)</i>
2.			
	NAME		(_____) _____ <i>(Phone Number)</i>
	<i>(Address)</i>		<i>(Years Known)</i>
3.			
	NAME		(_____) _____ <i>(Phone Number)</i>
	<i>(Address)</i>		<i>(Years Known)</i>
4.			
	NAME		(_____) _____ <i>(Phone Number)</i>
	<i>(Address)</i>		<i>(Years Known)</i>

EMPLOYMENT HISTORY:



Start with your present or last job. Include all employment, breaks in employment, military service assignments, and volunteer activities.

1.	Employer	Dates Employed		Describe Work Performed
	Phone Number	From:	To:	
	Address	Supervision of Others?		
	Job Title	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	
	Reason for leaving			Supervisors Name

Fill-in ALL Information Requested / Do Not Leave Blanks

2.	Employer	Dates Employed		Describe Work Performed
	Phone Number	From:	To:	
	Address	Supervision of Others?		
	Job Title	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	
	Reason for leaving			Supervisors Name

Fill-in ALL Information Requested / Do Not Leave Blanks

3.	Employer	Dates Employed		Describe Work Performed
	Phone Number	From:	To:	
	Address	Supervision of Others?		
	Job Title	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	
	Reason for leaving			Supervisors Name

Fill-in ALL Information Requested / Do Not Leave Blanks

4.	Employer	Dates Employed		Describe Work Performed
	Phone Number	From:	To:	
	Address	Supervision of Others?		
	Job Title	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	
	Reason for leaving			Supervisors Name

If required, use additional blank paper to document your employment history

APPLICANT'S STATEMENT:

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision. Prior to employment, a thorough criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I also understand that if I am employed by the Town of East Windsor, false or misleading information provided on my application or materials submitted, or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all directives, rules, and regulations of the Town of East Windsor and the East Windsor Police Department.

SIGNATURE OF APPLICANT: _____ . **DATE:** _____ .



Keeping in mind that all applicants are subject to an extensive background investigation, polygraph examination, and other testing processes in accordance with the entry standards as set forth by the Connecticut Police Officer Standards and Training (*CT Reg. 7-294-e-16*) - Please answer all questions thoroughly and honestly, as they may be asked again later in the application process. There should be no deviation from your answers and what any investigation reveals.

NAME: _____ . DOB: _____ . DATE: _____ .

1. Have you ever been arrested? Yes No
(If yes, when, where & what were the charges and disposition)

2. Have you ever been convicted of a crime? Yes No
(If yes, when, where & what crime)

3. Have you ever had an expungement of a crime, been placed on diversion from a crime or pardoned from a crime? Yes No
(If yes, when, where & what crime)

4. Have you ever committed a crime that you weren't charged with? Yes No
(If yes, when, where & what crime)

NOTE TO APPLICANT: The Applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section **46b-146, 54-76o** or **54-142a**, (2) criminal records subject to erasure pursuant to section **46b-146, 54-76o** or **54-142a** 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 the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section **46b-146, 54-76o** or **54-142a** shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

EAST WINDSOR POLICE DEPARTMENT Applicant Questionnaire



5. Have you ever used illegal drugs? Yes No
(If yes, when, what kind, how often, and last occurrence)

6. Have you ever sold illegal drugs? Yes No
(If yes, when, what kind, how often, and last occurrence)

7. Have you ever been fired or left a job without giving proper notice? Yes No
(If yes, list Company Name, reason, and supervisor)

8. Have you had any moving violations in the past 3 years? Yes No
(If yes, when, what kind, where, and date)

9. What is the worst thing that our background investigation will reveal?

10. What is the worst thing that someone will say about you, whether it is true or not?

** Submit this "Supplemental Applicant Questionnaire" at the time you submit the initial application and all other materials*



TOWN OF EAST WINDSOR

25 School Street, East Windsor, CT 06088

Telephone: 860-292-8240

Fax: 860-292-8248



RELEASE AND WAIVER FOR PRE-EMPLOYMENT BACKGROUND CHECK

NOTICE:

THIS DOCUMENT MUST BE COMPLETED AND ATTACHED TO ALL APPLICATIONS FOR EMPLOYMENT WITH THE TOWN OF EAST WINDSOR.

In connection with your application for employment, we may procure a Credit Report and/or Background Report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below you hereby authorize any authorized representative of the Town of East Windsor bearing this release, within one year of its date, any and all personal recollections and/or information in your files concerning you, your character, general reputation, personal characteristics and personal history, including but not limited to documents concerning your military service, employment, credit history (*including consumer records and/or credit ratings*), financial status, education and academic achievement, attendance, work performance, complaints or grievances filed by or against you, background investigations, disciplinary actions, polygraph examinations, and any and all internal affairs investigations and discipline, to include any files that are deemed to be of a private or confidential nature.

The information requested below is being used strictly for pre-employment background screening purposes in order to obtain accurate results. The consumer report may include, but not be limited to, criminal history, verifications of employment and education, and driving records. A credit report detailing personal financial history will only be obtained for permissible purposes in consideration of jobs meeting specific criteria.

Applicant's Name: _____

(PLEASE PRINT CLEARLY)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment Act of 1967, Section 1625.5, "A request on the part of an employer for information such as "Date of Birth" or "State Age" on an employment application form is not, in itself, a violation of the Act."

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

TO ALL APPLICANTS: *The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation.*

I have received a copy of my Summary of Rights Under the Fair Credit Reporting Act.

NOTICE TO ALL APPLICANTS: PLEASE RETAIN THIS AS YOUR COPY OF YOUR RIGHTS.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (*FCRA*) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (*your “file disclosure”*). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Applicant
Copy**

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (<i>word "National" or initials "N.A." appear in or after bank's name</i>)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (<i>except national banks, and federal branches/agencies of foreign banks</i>)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (<i>word "Federal" or initials "F.S.B." appear in federal institution's name</i>)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (<i>words "Federal Credit Union" appear in institution's name</i>)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**Applicant
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