

**TOWN OF STONINGTON**  
**ASSISTANT TOWN CLERK EMPLOYMENT APPLICATION**  
**ORIGINAL APPLICATIONS MUST BE RETURNED TO:**  
**ADMINISTRATIVE SERVICES, 152 ELM ST., STONINGTON, CT 06378**  
**BY 3:30 PM ON FRIDAY, APRIL 26, 2024**  
**VIA ONE OF THE OPTIONS LISTED BELOW:**

- 1. MAILED OR HAND DELIVERED TO ADMINISTRATIVE SERVICES, 152 ELM ST., STONINGTON, CT 06378**
- 2. PUT IN THE DROP BOX AT THE TOP OF THE STAIRS AT STONINGTON TOWN HALL**
- 3. EMAILED TO [Jobs@stonington-ct.gov](mailto:Jobs@stonington-ct.gov)**

The Town of Stonington is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, sexual orientation, gender identity or expression, pregnancy, marital or familial status, genetic information, military or veteran status, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**GENERAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

	LAST	FIRST	MIDDLE INITIAL
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ADDRESS \_\_\_\_\_

STREET	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Are you legally authorized to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

(Verification of identity and employment eligibility required at time of hire)

**EDUCATION AND TRAINING**

TYPE OF SCHOOL	Name & Location	# Years Attended	Did you Graduate?	Type of Degree	Major/Field of Study
High School or GED					
College or University					
Graduate School					
Other					

If you have additional education or experience or have taken special courses or have a special license (e.g. CDL, trades certification), please list below:

\_\_\_\_\_

\_\_\_\_\_

Has any license or certification you have held been surrendered, suspended, or revoked for any reason? If so please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINT NAME

**WORK EXPERIENCE: List your current/previous employers below. Do not state "See Resume"**

EMPLOYER:

COMPANY NAME		COMPANY PHONE NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE
EMPLOYMENT DATES	FROM	TO	JOB TITLE
REASON FOR LEAVING			

**PLEASE USE THE SPACE BELOW TO PROVIDE DETAILS OF YOUR JOB RESPONSIBILITIES AT THIS COMPANY**

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EMPLOYER:

COMPANY NAME		COMPANY PHONE NUMBER	
STREET ADDRESS		CITY	STATE ZIP CODE
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\_\_\_\_\_  
PRINT NAME

**REFERENCES**

Please provide the names of three (3) person, other than relatives, who are familiar with your job qualifications and work performance

NAME	ADDRESS	PHONE #	POSITION
1			
2			
3			

**AUTHORIZATION:**

**Please read each paragraph below and sign or initial where indicated.**

As part of any background check, the Town of Stonington may obtain a "consumer report" from a "consumer reporting agency", as those terms are defined in the Fair Credit Reporting Act ("FCRA"). A consumer report may include information regarding such issues as your criminal records, motor vehicle record, character and reputation or other public record information on file in local, state, or federal agencies. These reports may contain information regarding your use of social media, and other publicly accessible information.

The Town of Stonington may only obtain and/or use a credit report pertaining to any Connecticut applicants/employees: (a) when a report is required by law; or (b) when the Town reasonably believes an employee engaged in any activity that constitutes a violation of the law related to their employment; or (c) when the report is substantially related to the applicant/employee's current or potential job or there is a bona fide reason for requesting or using the information in the credit report that is substantially job-related and disclosed in writing to the applicant/employee. If the Town obtains a "consumer report" and considers the information in the report when making an employment decision that directly and adversely affects you, you will be provided with a copy of the report and other information required by law prior to the decision being finalized.

\_\_\_\_\_  
**initial here**

**NOTICE OF PRE-EMPLOYMENT DRUG TESTING**

If I am offered employment, I understand, the Town of Stonington may conduct a urinalysis drug test as a mandatory part of the employment application process if required by my job duties and responsibilities. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations and will be preformed using a reliable methodology. Tested applicants will be given a copy of any positive test results. The results of any such test shall be confidential and shall not be disclosed by the employer except to such persons to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.

**NOTICE OF PRE-EMPLOYMENT MEDICAL EXAMINATION**

Applicants must be physically and mentally capable of performing the essential functions of the positions for which the application is made, with or without a reasonable accommodation. A pre-employment/post job offer medical examination may be required for certain positions. This will, for certain positions, include a drug screen. If a candidate refuses to submit to this examination, it shall be deemed as an incomplete medical examination and a voluntary withdrawal from consideration for employment with the Town of Stonington. I request that the examining doctor disclose to the Town of Stonington the results of the examination, which shall remain confidential and segregated from my personnel file. I understand my employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test.

\_\_\_\_\_  
**initial here**

\_\_\_\_\_  
PRINT NAME

I UNDERSTAND THAT IN THE ABSENCE OF A WRITTEN AGREEMENT TO THE CONTRARY, MY EMPLOYMENT WITH THE TOWN OF STONINGTON IS "AT WILL" AND I MAY BE TERMINATED FROM MY EMPLOYMENT FOR ANY REASON AT ANY TIME WITHOUT PRIOR WRITTEN NOTIFICATION.

\_\_\_\_\_ **initial here**

<b>APPLICANT'S CERTIFICATION</b>
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I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false or misleading information, omission, or misrepresentation in this application, any supporting documents, or during my interview is sufficient for disqualification, refusal to hire, or dismissal if I have been employed, regardless of when such false or misleading information is discovered. All Statements made on this application are subject to verification as a condition of employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE