

RECORD OF EDUCATION

Name & Address Of School		Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
High School Or GED			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4		
			1	2	3	4		

MILITARY SERVICE RECORD

Branch of Service: _____

Dates of Duty: From _____ to _____ Rank at Discharge _____
(Month/Day/Year) (Month/Day/Year)

List duties in the service, including special training _____

(Provide copy of your DD-214, if applicable)

PERSONAL REFERENCES

LIST BELOW 3 INDIVIDUALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE *(Not Relatives)*

Name and Occupation	Address	Phone Number
1		
2		
3		

LIST ANY FRIENDS OR RELATIVES WORKING FOR US
(Optional)

Name _____ Relationship _____

Name _____ Relationship _____

EMPLOYMENT EXPERIENCE

Beginning with your present or most recent job, list all employers for the past 10 years. Identify any part-time employment. Use the reverse side if more space is needed. A resume may be submitted in addition to, but not in place of, completing the section below.

1	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
2	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
3	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				
4	EMPLOYER	TEL()	DATES EMPLOYED		DESCRIPTION OF DUTIES
	ADDRESS		FROM MTH/YR	TO MTH/YR	
	JOB TITLE				
	SUPERVISOR NAME, TITLE				
	REASON FOR LEAVING				

SPECIALIZED SKILLS, TRAINING OR QUALIFICATIONS

Summarize any special skills, qualifications, current certifications or licenses.

I hereby certify that the statements and answers provided by me on this application are true and complete. I understand that misrepresentation or falsification or omission of facts is cause for rejection from consideration or dismissal from employment if discovered after employment begins. I understand that failure to complete this application completely may result in disqualification for consideration for employment. Further, I understand and agree that my employment is for no definite period and may be terminated at any time for any reason absent some other basis in writing to continue employment. I also authorize all persons and companies named above to furnish any information regarding me, whether or not it is in their records, and hereby release them from all liability for damage for providing this information. If employed, I agree to comply with all rules and regulations established by the City governing employees and employment practices. All employment offers are contingent upon passing a drug screen.

Date _____

Signature _____

CITY OF BRISTOL
APPLICANT DATA

INSTRUCTIONS: The following information is needed for various governmental reporting requirements such as EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process. The information requested below is for STATISTICAL PURPOSES ONLY. The completion of this form is voluntary on your part.

THE CIVIL RIGHTS ACT of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. It is also unlawful to discriminate because of age, sexual orientation or disability. The City of Bristol does not discriminate against qualified applicants with a disability or disabilities, and will make reasonable accommodations for disabilities when they will not impose undue hardship.

1. ETHNICITY *(Please check one)*

- A. Yes, Hispanic or Latino
- B. No, not Hispanic or Latino

2. RACE *(Please check one)*

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or other Pacific Islander
- E. White

3. SEX

- Male
- Female

4. DATE OF BIRTH: _____

.....

Last Name, First Name _____

Address _____

City _____ State _____ Zip Code _____

I certify that the above information is true and correct.

Date _____

Signature _____



CITY OF BRISTOL
BRISTOL, CONNECTICUT 06010

AUTHORIZATION FOR RELEASE OF PRE-EMPLOYMENT INFORMATION

I, _____, understand that the City of Bristol may conduct an investigation into my qualifications for a position with the City of Bristol. An offer of employment from the City of Bristol is also contingent upon passing a pre-employment drug test. Depending on the position, a physical examination/evaluation may be required. I understand that the inclusion of any false or misleading information on my application form may be grounds for immediate dismissal.

I hereby authorize and request that my current and all former employers and those people I have listed as references on this application or my resume furnish the City of Bristol with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities and other qualities pertinent to my qualifications for employment. I also authorize the following agencies to furnish information pertinent to my application for employment: schools and colleges, criminal and law enforcement agencies, armed forces, federal and state agencies, and state motor vehicle departments. I hereby indemnify and release those entities giving information to the City of Bristol as well as the City of Bristol from all liability and responsibility in connection with the provision of any such information.

A photocopy of this authorization shall have the same force and effect as an original.

My Date of Birth: _____ SS# _____ - _____ - _____
(Your date of birth and social security number are requested for the sole purpose of accessing records used in verifying application information.)

Please indicate below if you have been employed or educated under another name and the dates this name was used. *(i.e. maiden name, nickname, alias)*

PLEASE PRINT LEGIBLY

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

I confirm that any criminal history information requested and obtained by the City of Bristol was subsequent to the application process.

NOTICE: An applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o, or 54-142a; criminal records subject to erasure pursuant to these statutes 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 nolle, a criminal charge for which the person has been found not guilty or a conviction for which a person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings and may so swear under oath.

Have you ever been convicted of a felony? Yes No

If yes, describe in full. This information will not necessarily be a bar to your employment.

Applicant's Signature: _____

Date: _____



CITY OF BRISTOL
BRISTOL, CONNECTICUT 06010

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

By this document, the City of Bristol discloses to you that a consumer report, including a report which may contain information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment.

A summary of your rights under the Fair Credit Reporting Act is enclosed for your review.

Please sign below to signify your receipt of this disclosure and to authorize the procurement of a consumer report by the City of Bristol as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Bristol to procure consumer reports at any time during your employment.

APPLICANT'S SIGNATURE:

DATE:

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **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 identify 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.
- **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.consumerfinance.gov/learnmore.
- **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 1-888-5678688.
- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
- Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580

(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group 1301
McKinney Street, Suite 3450 Houston, TX
77010-9050

- b. Federal Reserve Consumer Help Center
- Box 1200 Minneapolis, MN 55480
 - FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
 - National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation 400 Seventh Street SW
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation 1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration 406
Third Street, SW, 8th Floor Washington, DC 20416

Securities and Exchange Commission
100F St NE Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357