



**Mayor Bobby Sanchez &
the City of New Britain present:**

BASKETBALL

COACHES WANTED

VOLUNTEER HEAD COACHING POSITIONS

Important Dates:

Basketball Jamboree:

December 5, 2026

Regular Season Start:

December 12, 2026

Coaches Needed

SEEKING COACHES FOR GRADES 3-4, 5-6, & 7-8

Requirements:

- Saturday morning games, December-March
- One practice night weekly
- Background checks for all volunteers

Apply:

Visit New Britain Recreation and Community Services or NEWBRITAINREC.COM

City of New Britain
Affirmative Action/Equal Employment Opportunity/Equal Access Employer
APPLICATION FOR EMPLOYMENT
27 West Main Street, New Britain, CT 06051
(860) 826-3404
www.newbritainct.gov



(Print information in ink, or type)

Office Use Only

1. Job Applying For			Q _____ V _____ NQ _____ DV _____ Edu _____ Exp. _____ Other _____ Score _____ Rank _____ Rev. by: _____	
(use title on job announcement) (exam no.)				
2. Your Name				
(print) Last Name First Middle				
3. Address				
(Number and Street, Road or Post Office Box)				
City State Zip Code				
4. Email Address				
5. Are you over age 18? YesNo		6. Have you ever served in the U.S. Armed Forces during periods of conflict? YesNo		7. Telephone Number () -

8. Education

A. Did you graduate from high school?

Yes	No	Name of School	If "No", highest grade completed

B. If you have a high school equivalency certificate, give year and place the certificate was granted:

Name of School	Location

C. List any colleges, business schools, or technical school you attended:

Name of School	Location	Course or Major	Degree

D. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, dates attended, subject of training, and other details related to the job for which you are applying.

NOTE: Applications are kept on file for three (3) months from date of receipt unless otherwise noted.

9. EXPERIENCE: Start with your present or last job and work backwards listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of paper if necessary. Work performed more than 10 years ago may be given if it applies to the job for which you are applying.

May we contact your present employer?

☐ Yes

☐ No

1) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		

10. References: List the name, address and telephone number of three persons with knowledge of your character, experience and ability. Do not list relatives. Use professional, not personal, references. (Current and former employers, teachers/professors, etc.)

Name_____Address_____Tel._____

Name_____Address_____Tel._____

Name_____Address_____Tel._____

11. Special Skills and Abilities. Show licenses, (including drivers); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds, computer skills, and any other special abilities or knowledges relating to the job for which you are applying.

12. Have you ever been employed by the City of New Britain? ☐ Yes ☐ No

If yes, please list department, position and dates employed:

13. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that I will be required to pass a medical examination and background check as a condition of appointment. As part of the medical examination process, I may be required to undergo a drug screen. The signing of this application will serve as consent to the drug screen examination.

Date

Signature of Applicant

Rev. 1/2023

I hereby authorize the City of New Britain and its agent, INFORMATION MANAGEMENT SYSTEMS, INC. (eCrimeCheck), and their designated agents and representatives, to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report and/or a criminal background check/report for purposes of pre-employment screening.

I understand that the scope of the reports may include, but is not limited to: Verification of social security number; current and previous residences; employment history records; records from any criminal justice agency in any or all federal, state and county jurisdictions; birth records; academic records; motor vehicle records (including traffic citations and registration); and other public records.

I further authorize any individual, company, firm, corporation, or public agency, including the Social Security Administration and law enforcement agencies, to divulge any and all information, verbal or written, pertaining to me to the City of New Britain or its agent, Information Management Systems, Inc., and their agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other services.

I hereby release the City of New Britain and its agent, Information Management Systems, the Social Security Administration, and its agents, officials, representatives, or other assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages or whatever kind, which may, at any time, result to me, my heirs, family, or associates resulting from compliance with this authorization and request to release. You may contact me as indicated below.

I understand that this authorization **automatically expires 90 days** from the date executed below and that I have the right to revoke the authorization at any time provided I do so in writing.

PRINT NAME: _____
First Middle Last

Current Address: _____

FORMER NAMES AND DATES USED: _____

CURRENT ADDRESS SINCE: _____
(Month/Year)

Previous Address Since _____
(Month/Year)

Previous Address Since _____
(Month/Year)

Social Security Number: _____ Date of Birth: _____

Telephone: _____
(Area code)

Drivers License Number and State of Issue: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO CIVIL SERVICE