

TOWN OF CLINTON

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

Last

First

Middle

Address: _____

Street

(Apt)

City, State

Zip

Alternate Address: _____

Street

City, State

Zip

Contact Information:

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Home Telephone

Mobile

Email

How did you learn about this position?

Position Sought: _____ Available Start Date: _____

Are you currently employed? _____

Name of Employer: _____ Full time or Part time _____

Employers address: _____

Immediate Supervisors Name: _____ Contact Number: _____

Email Address: _____

Have you worked for the Town previously? If yes, from: _____ to: _____

in what capacity _____ Supervisors name: _____

Have you previously applied for a job in the Town of Clinton? If yes, when: _____

For what position: _____

Do you currently possess a VALID State of Connecticut motor vehicle license? _____ Class: _____

Do you have a concern if overtime is mandatory? Yes _____ No _____

AN EQUAL OPPORTUNITY EMPLOYER

Is there anything in your background that would cause the Town of Clinton concern regarding your desire to become an employee of the Town?

If so, please explain:

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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Immediate Supervisor: _____ Phone Number: _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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Immediate Supervisor: _____ Phone Number: _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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Immediate Supervisor: _____ Phone Number: _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

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Immediate Supervisor: _____ Phone Number: _____

References:

Please provide three references other than previous employers whom we may contact;

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Certification: I certify that all statements made by me on this application are **COMPLETE** and **TRUE** to the best of my knowledge and I have not withheld any pertinent information. I understand if I knowingly make any misstatement of facts, I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law. I also understand that application and appointment to a temporary position is no guarantee of appointment to a permanent position. I also understand that I must successfully pass the required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug-screening test. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from liability when responding to inquiries with my application.

Signed (Applicant)

_____ Date Signed: _____

The Town of Clinton is an Equal Opportunity Employer. The Town of Clinton does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.