

TOWN OF GRISWOLD
EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT
Town Hall - Office of the First Selectman
P.O. Box 369
28 Main Street
Jewett City, CT 06351
Phone: 860-376-7060 ext. 2201

APPLICANT INFORMATION

*** Last Name**

*** First Name**

M.I.

Date

MM/DD/YYYY

Format: MM/DD/YYYY

Street Address

Apartment/unit

City

State

Zip

HomePhone

Ex. (123) 456-7890

Cell Phone

Ex. (123) 456-7890

*** Email Address**

Date Available

MM/DD/YYYY

Format: MM/DD/YYYY

Desired Salary

Position Applied for

Are you a citizen of the United States?

Yes

No

If no, are you authorized to work in the United States?

Yes

No

Have you ever worked for this company?

Yes

No

If so, when?

EDUCATION

High School

Address

Did you graduate?

Yes

No

Degree

College _____ **Address** _____

Did you graduate?
 Yes
 No

Degree _____

Other _____ **Address** _____

Did you graduate?
 Yes
 No

Degree _____

REFERENCES

Please List Three Professional References

FullName _____ **Relationship** _____

Company _____ **Phone Number**
Ex. (123) 456-7890

Address _____

FullName _____ **Relationship** _____

Company _____ **Phone Number**
Ex. (123) 456-7890

Address _____

FullName _____ **Relationship** _____

Company _____ **Phone Number**
Ex. (123) 456-7890

Address _____

PREVIOUS EMPLOYMENT

Company _____ **Phone Number**
Ex. (123) 456-7890

Address _____

Supervisor

Job Title

Responsibilities

From

MM/DD/YYYY

Format: MM/DD/YYYY

To

MM/DD/YYYY

Format: MM/DD/YYYY

Reason for Leaving

May we contact your previous supervisor for a reference ?

Yes

No

Company

Phone Number

Ex. (123) 456-7890

Address

Supervisor

Job Title

Responsibilities

From

MM/DD/YYYY

Format: MM/DD/YYYY

To

MM/DD/YYYY

Format: MM/DD/YYYY

Reason for Leaving

May we contact your previous supervisor for a reference ?

Yes

No

Company

Phone Number

Ex. (123) 456-7890

Address

Supervisor

Job Title

Responsibilities

From

MM/DD/YYYY

Format: MM/DD/YYYY

To

MM/DD/YYYY

Format: MM/DD/YYYY

Reason for Leaving

May we contact your previous supervisor for a reference ?

Yes

No

OTHER EXPERIENCE AND TRAINING

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowlege.

If this application leads to employment, I understand that false or misleading information in my application or intrview may result in my release.

Signature

Date

MM/DD/YYYY

Format: MM/DD/YYYY

We request that you fill in the following information in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or of your being considered for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, relition or disability.

Do not include your name on this page.

Position

Date of Birth

MM/DD/YYYY

Format: MM/DD/YYYY

Gender

Male

Female

How did you learn about this position?

Electronic/computer posting

Paper vacancy posting

Newspaper

Other

Other:

ETHICGROUP

- White (non-Hispanic; includes Arabians)
- Black (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian decent)
- Hiispanic (includes persons of mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin/culture)
- Asian (includes Pacific Islanders, Pakistanis and Indians)
- American Indian (includes Alaskan natives)
- Other (if you feel you do not fit into one of the above catorgires please elaborate)

Other (if you feel you do not fit into one of the above catorgires please elaborate)

DISABILITY - Information reported on this form will be kept confidential as required by law. As defined by the Americans with Disabilities Act (1990), "Disability means with respect to an individual, (1) a physical or mental impairment that substantially limits one or more of the major life activites of such individual; (2) a record of such impairment, or (3) being regarded as having such an impairment:

Are you an individual with a disability, as defined above? if YES, check all that apply.

- A None/Prefer not to report
- B Blind or severely visually impaired
- C Deaf or severely hearing impaired
- D Loss or limited use of arms and/or hands
- E Non-ambulatory (must use a wheelchair)
- F Other orthopedic impairment (including amputation, artiritis, back injury, cerebral palsy, spina bifida, etc)
- G Respiratory impairment
- H Nervous system/Neurological disorder
- i Mentally restored
- j Mental retardation
- K Learning Disibility
- L Other (please specify)

L Other (please specify)

MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training

- Yes
- No

If YES, do you wish to declare a service-connected disability?

- Yes
- No

If YES, are you a Vietnam

- , a Desert Storm/Shield
- , or other
- New Option
- veteran (please specify)

veteran (please specify)

Are you a member of the Military Reserves?

- Yes
- No

If YES, please provide your Branch

and Rank:

Submit

