

TOWN OF GRISWOLD
EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

Print Form

Reset Form

Town Hall - Office of the First Selectman
P.O. Box 369
28 Main Street
Jewett City, CT 06351
Phone: 86- 376-7060 ext. 201

APPLICANT INFORMATION

Last Name _____	First Name _____	M.I. _____	Date _____
Street Address _____		Apartment/unit _____	
City _____	State _____	Zip _____	
Home Phone _____	Cell Phone _____	Email Address _____	
Date Available _____	Social Security No _____	Desired Salary _____	
Position Applied for _____			
Are you a citizen of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when? _____	

EDUCATION

High School _____	Address _____
From _____ To _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
College _____	Address _____
From _____ To _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
Other Training _____	Address _____
From _____ To _____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____

REFERENCES

Please List Three Professional References

Full Name _____	Relationship _____
Company _____	Phone Number _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone Number _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone Number _____
Address _____	

PREVIOUS EMPLOYMENT

Company _____ Phone Number _____
Address _____ Supervisor _____
Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference ? Yes No

Company _____ Phone Number _____
Address _____ Supervisor _____
Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference ? Yes No

Company _____ Phone Number _____
Address _____ Supervisor _____
Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference ? Yes No

Company _____ Phone Number _____
Address _____ Supervisor _____
Job Title _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

My 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 knowledge.

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 _____

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, religion or disability.

Do not include your name on this page.

Date of Birth

Position _____

(Month) (Day) (Year)

Gender

Male Female

How did you learn about this position?

- Electronic/computer posting
- Paper vacancy posting
- Newspaper
- 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) _____

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

Are you a member of the Military Reserves? Yes No

If YES, please provide your Branch _____ and Rank: _____