TOWN OF GRISWOLD

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Print Form

Reset Form

Town Hall - Office of the Frist 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 (PLEASE CIRCLE CHOICE) 1) Summer Camp Supervisor 2) Summer Camp Counselor 3) BOTH

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 _____

From _____ To _____ Did you graduate? ☐ Yes ☐ No Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? ☐ Yes ☐ No Degree _____

Other Training _____ Address _____

From _____ To _____ Did you graduate? ☐ Yes ☐ 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 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 _____

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.

Date of Birth

_____
(Month) (Day) (Year)

Position (PLEASE CIRCLE CHOICE) 1) Summer Camp Supervisor 2) Summer Camp Counselor

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 impairement 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 impairement:

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 impairement (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) _____

_____

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: _____