



Town of Thomaston
158 Main Street
Thomaston, Connecticut 06787
Phone: 860-283-9678 Fax: 860-283-1378

Application for Employment

Date: _____

INSTRUCTIONS:

Read the detailed instructions on the final page of this application and on the examination announcement before completing this application form. Type or print answers to **ALL** questions.

NAME (Last)		(First)	(MI)	SUFFIX (JR., DR.)		
ADDRESS (Number and Street)						
CITY			STATE	ZIP CODE (Last 4 digits are optional)		
AREA CODE		HOME PHONE NUMBER				
Cellular Phone Number:			E-mail Address:			
May we call you at work?		Drivers License				
☐ Yes ☐ No		☐ Yes ☐ No				
What kind of position are you applying for?				Position Applying for:		
☐ Full time ☐ Part time ☐ Either						
EDUCATION: Have you graduated from High School or received a High School equivalency diploma?				If No, circle highest grade completed:		
☐ Yes ☐ No				1 2 3 4 5 6 7 8 9 10 11 12		
SCHOOL	NAME	ADDRESS	CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
TECHNICAL OR BUSINESS						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., Assessor, Tax Collector, Engineering)						
KIND(S)	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.		
Do you speak, read or write a language other than English? ☐ Yes (specify language) _____ (This information is voluntary.)						

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Hours Per Week (Full time) (Part-time)		
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					
Official Job title		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Hours Per Week (Full time) (Part-time)		
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					
Official Job title		Company Name		Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.	
Employed From (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Hours Per Week (Full time) (Part-time)		
No. and Titles of Employees Supervised by You			Reason for Leaving		
DUTIES (must be listed)					

APPLICANT DATA

Answers to the following question will be considered for employment purposes if relevant to the position for which you are applying.

1. Please check appropriate box:

- | | | |
|--|-----|----|
| a. May we contact your present employer? | Yes | No |
| b. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? | Yes | No |
| c. Did you ever resign from any employment rather than face dismissal? | Yes | No |
| d. Did you ever receive a discharge form the Armed Forces of the United States which was other than "Honorable", or which was issued under other than honorable circumstances? | Yes | No |

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibility of the position(s) you are applying.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Town of Thomaston to verify their accuracy and to obtain reference information on my work performance.

I hereby release Town of Thomaston from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

SIGNED: _____

DATE: _____