

TOWN OF CORNWALL

APPLICATION FOR EMPLYOMENT

Return to:

Selectmen's Office PO Box 97 Cornwall CT 06753 860-672-4959 Email: Selectmen@cornwallct.gov

THE TOWN OF CORNWALL IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, AGE, DISABILITY OR OTHER LEGALLY PROTECTED STATUS.

POSITION A	APPLYING FOR:		Date:				
Name:							
	(Last)	(First)		(Middle)			
Address:	(0)						
	(Street)	(Town/City)	(S	tate)	(Zip)		
Home Phone	:	Cell Phone:					
	ss:						
**Note: P	lease be sure to provide a valid email addre	ess. This is our preferred way to	o send communicat	ions to applicants	i <u>.</u>		
Are you 18	documentation if hired.) years of age or older? YES er filed an application with us before? YES_		when?				
		EDUCATION					
LEVEL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA		
High School			1 2 3 4				
College			1 2 3 4				
Other			1 2 3 4				

SPECIALIZED TRAINING OR SKILLS

List any special qualifications or certifications/licenses which you feel may especially qualify you for the position for which you are applying (include seminars, areas of research, special awards and professional memberships):					
Please list all computer software and other office equipment that you use:					
Use the space below to provide additional information necessary to describe your full qualifications:					
MILITARY SERVICE RECORD					
Were you in the U.S. Armed Forces? YESNO If YES, what branch?	_				
Dates of Duty: From to Rank at Discharge:					
(Month/ Day/ Year) (Month/ Day/ Year)					
List duties in the service, including special training:					

REFERENCES

List below 3 professional references (at least 1 direct supervisor/evaluator) who know your character, ability, and experience: **NAME ADDRESS** PHONE # RELATIONSHIP YEARS ACQUAINTED **EMPLOYMENT HISTORY** In the space below, give your employment history beginning with your most recent employer and work back listing all previous employers. Include any applicable voluntary positions. Use additional sheets of plain paper if you need more space. 1. Name of Employer: Phone: Address: Name & Title of Supervisor: Your Job Title: Employed: Full Time_____ Part Time_____ / To / Employed From: __ Year Month Year Month Duties & Responsibilities: Reason for Leaving:

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ame of Employer:		Phone:			
Address:					
Name & Title of Supervisor:					
Your Job Title:			Employed: Full Time		_ Part Time
Employed From:			/	То	/
Month Year	Month	Year			
Duties & Responsibilities:					
Reason for Leaving:					
3. Jame of Employer:			Phone:		
Address:					
Name & Title of Supervisor:					
Your Job Title:			Employed: Full Time Part Time		Part Time
Employed From:			/	То	/
Month Year	Month	Year			
Duties & Responsibilities:					
Reason for Leaving:					

Have you ever been fired or asked to resign from a job? YES NOIf YES, please explain:
May we contact your present employer? YES NO
CERTIFICATION: By signing below, I certify that the information I have provided on this application is correct, complete and truthful. I realize that falsification of any of this information may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered.
I also give consent for you to check with previous employers and the personal references and release the Town of Cornwall, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history.
Drug Testing: I understand that the Town of Cornwall may require all job applicants who are given a conditional job offer to successfully pass a urinalysis drug test.
Criminal Records Check: I understand that the Town of Cornwall may require all job applicants who are given a conditional job offer to successfully pass a criminal records check.
I further understand the acceptance of this form does not constitute an employment agreement and that only the First Selectman of the Town of Cornwall is authorized to extend an offer of employment that shall be rendered in writing.
SIGNATURE: DATE: