

# APPLICATION FOR EMPLOYMENT

## TOWN OF GROTON

*Equal Opportunity Employer*



It is the policy of the Town of Groton to provide equal opportunity without regard to race, color, sex, religion, creed, national origin, ancestry, age, marital status, sexual orientation, political affiliation or because the employee is a veteran or a qualified individual with a disability. All questions must be answered and application signed.

POSITION DESIRED:				Pay Expected:			
Last name			First	Middle		Date	
Street Address				Home Phone ( ) -			
City, State, Zip				Mobile/Cell Phone ( ) -			
E-Mail Address				Business Phone ( ) -			
E-Mail Address				Social Security Number			
Have you ever worked for the Town of Groton? If yes, list position(s) held, dates of employment and reason(s) for leaving							
Position: _____		Dates: _____		Reason for leaving: _____			
Position: _____		Dates: _____		Reason for leaving: _____			
Please provide residence information for any place you have lived outside of Connecticut in the past five (5) years:							
When will you be available to begin work?				May we contact you at work?			
When is the best time to reach you?				Are you authorized to be bonded?			
Do you have any relatives currently employed by the Town of Groton? If yes, please list:				Driver's License Number/Issuing State CDL License ___ Yes ___ No If Yes, please describe:			
Are you under 18 years of age? ___ Yes ___ No							
If "yes", state your date of birth - mo. ___ day ___ yr. ___							
Are you a U.S. citizen? ___ Yes ___ No				Do you have the legal right to work in the U.S.? ___ Yes ___ No			
Can you furnish a Statement of Age/Working Paper as appropriate? ___ Yes ___ No							
If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties?							
Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							
Total Hours Available per Week: _____							
Would you work: ___ Full-Time ___ Part-Time ___ Seasonal ___ Temporary							
Are you willing to work overtime, when and as required? ___ Yes ___ No							
Are you willing to relocate? ___ Yes ___ No				Are you willing/able to travel? ___ Yes ___ No			

Smoking shall be prohibited in all Town-owned building, rented office space used by Town employees, and any Town owned vehicle



<b>3</b> Company Name and Mailing Address	Phone (        )        -
Position held	Employed (Month and Year) From                      To
Describe your work	Weekly Pay Start                      End
Name and Job Title of Supervisor	Reason for Leaving

<b>4</b> Company Name and Mailing Address	Phone (        )        -
Position held	Employed (Month and Year) From                      To
Describe your work	Weekly Pay Start                      End
Name and Job Title of Supervisor	Reason for Leaving

<b>5</b> Company Name and Mailing Address	Phone (        )        -
Position held	Employed (Month and Year) From                      To
Describe your work	Weekly Pay Start                      End
Name and Job Title of Supervisor	Reason for Leaving

**6 References** (List the name, address and telephone number of three business/work references who are not related to you and are not previous supervisors. If applicable, list three school or personal references who are not related to you).

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**7 Special Training**

<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Word Processing Software - Type _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Copy Machine
<input type="checkbox"/> Dictation Equipment	<input type="checkbox"/> Typing _____ wpm
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Shorthand _____ wpm
<input type="checkbox"/> Other - Please specify:	

**8** Please indicate any other relevant training and/or experience you have that is not listed above.

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**9** Please list any relevant professional association and any offices held.

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**SIGNATURE**

I certify that the information given herein is true and complete to the best of my knowledge.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that if I am offered and accept a position, criminal history conviction information shall be submitted by the Town of Groton to confirm the conviction information I have provided in this application. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the Town of Groton in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

Date: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_

(A photocopy of this authorization is to be accepted as an original.)