



Town of Old Saybrook Employment Application

Application Date _____

It is the policy of the Town of Old Saybrook to employ, train, compensate, and promote individuals without regard to their race, religion, national origin, gender, sexual orientation, age, disability, veteran status, or other characteristics protected by law.

Job Interest

Position Desired _____ Date available for employment _____
☐ Full Time ☐ Part Time ☐ Seasonal

Personal Data

Last name _____ First _____ Middle _____

Previous/Different name used in employment (for reference checking) _____

Birth date if under 18 years _____

Current address:

Previous address: Number and Street (if less than 1 year, list previous address also) _____ City/Town _____ State _____ Zip Code _____

Number and Street _____ City/Town _____ State _____ Zip Code _____

Telephone(day) _____ Evening _____ Cell _____

E-mail address _____

Have you ever been employed by the Town of Old Saybrook? ☐ Yes ☐ No Job Title _____

Education & Training

Full School Name	City	State	Credit hours completed	Major course of study	Degree Received	Did you graduate
High School						
College						
Trade School						
Graduate School						

For positions requiring a driver's license:

Do you hold a valid driver's license? ☐ Yes ☐ No If yes, State _____ Operator number _____ Class _____

For positions requiring other licenses or certificates: Class _____ Issued by _____

List any special skills you have that are relevant to the position for which you are applying, including any specialized training or courses completed, or certificates earned that will aid in evaluating your qualifications for the position. (Example: If applying for a clerical position, note training such as word processing, typing, calculator, computer, hardware, software, etc.)

Military Service

Have you ever served in the US armed forces? ☐ Yes ☐ No What type of discharge did you receive? _____

* You must submit a copy of your DD214 if you have been in the US armed forces.

Employment

Please read carefully before starting. List all employment starting with the present or most recent employer. Account for all periods, including unemployment and service with the Armed Forces. Also include relevant voluntary and/or part-time work experience. If you need more space, copy page 3 of the application and use it as an additional page. You must fill out this application completely even if your resume is being attached.

Current or most recent employer	From: _____ To: _____ Total (yrs/months): _____ Hours per week: _____
Street address	Describe major duties:
City, State	
Job Title	
Supervisor's name/Department	
Supervisor's telephone number	Reason for leaving
If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous employer	From: _____ To: _____ Total (yrs/months): _____ Hours per week: _____
Street address	Describe major duties:
City, State	
Job Title	
Supervisor's name/Department	
Supervisor's telephone number	Reason for leaving
If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous employer	From: _____ To: _____ Total (yrs/months): _____ Hours per week: _____
Street address	Describe major duties:
City, State	
Job Title	
Supervisor's name/Department	
Supervisor's telephone number	Reason for leaving
If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment (continued)

Previous employer	From: To: Total (yrs/months): Hours per week:
Street address	Describe major duties:
City, State	
Job Title	
Supervisor's name/Department	
Supervisor's telephone number	Reason for leaving
If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous employer	From: To: Total (yrs/months): Hours per week:
Street address	Describe major duties:
City, State	
Job Title	
Supervisor's name/Department	
Supervisor's telephone number	Reason for leaving
If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information

State any additional information you feel may be helpful to us in considering your application. You should feel free to attach a resume:

Employment Eligibility

The Immigration Reform and Control Act of 1986 prohibits the employment of unauthorized aliens, and employers are required to verify the employment eligibility of all new employees. An offer of employment made by the Town of Old Saybrook will be conditional upon your providing the documentation required by law as evidence of your personal identity and your authorization to work in the United States. Any offer of employment is also conditional upon the successful completion of a background investigation, a post-offer physical evaluation (if applicable) and a drug screen.

Are you a U.S. citizen or permanent resident or otherwise legally authorized to accept employment with the Town of Old Saybrook?

☐ Yes ☐ No

References

Please list at least three people we may contact in reference to your application. Do not include past or present supervisors listed under Employment section or relatives. Include at least one business-related reference.

Reference Name: Address: Daytime phone number:

Title: City/State/Zip: Evening phone number:

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Title: City/State/Zip: Evening phone number:

Reference Name: Address: Daytime phone number:

Title: City/State/Zip: Evening phone number:

Reference Name: Address: Daytime phone number:

Title: City/State/Zip: Evening phone number:

In case of emergency, please notify

Name: Primary Phone:

Relationship: Secondary Phone:

Applicant signature and certification

I certify that all information supplied on this employment application addendum is accurate and truthful to the best of my knowledge. I understand that any misrepresentation of facts is cause for refusal of employment and/or termination of employment. I understand that, if I am hired as a seasonal or part-time employee, I am not eligible for any Town of Old Saybrook sponsored benefits.

Signature of applicant

Printed name

Date