



APPLICATION FOR EMPLOYMENT



TOWN OF MIDDLEBURY

1212 Whittemore Road
Middlebury, CT 06762

EEO/AA

The Town of Middlebury is an Equal Opportunity Employer, dedicated to comply fully with all federal, state, and local equal and operational laws. This organization provides equal employment and advancement for all persons regardless of race, color, religion, gender, national origin/ancestry, age, disability, and any other legally protected status.

Position Applying for: _____

Salary Requirements : _____

Date Available: _____

Referred by: _____

Name:

(Last)

(First)

(Middle)

Address:

(Street/P.O. Box)

(City)

(State)

(Zip)

Phone: _____

(Daytime Contact)

Email: _____

Are you at least 18 Years old?

YES NO

Do you possess a current valid drivers license?

YES NO

(State) _____

Are you legally authorized to work in the United States?

YES NO

(Note: Verification of identity and employment eligibility required at the time of hire)

Have you ever been employed by the Town of Middlebury?

YES NO

Have you ever been convicted of a crime?

YES NO If yes, explain: _____

(A conviction will not necessarily disqualify and applicant)

If you have served in the U.S. Military, please provide the following information:

_____ to _____

(Branch of Service)

(Service Dates)

(Type of Discharge/Awards Received)

Type of School	Name and Location	# of Years Attended	Did you Graduate?	Type of Degree and Major
High School				
College/University				
Trade or Business School				
Other Education				

Starting with your most recent position, please list any and all jobs, military or volunteer experience, internships, and other information that will assist in determining your qualifications for the position in which you are applying. You may use additional sheets if necessary. Complete this information even if you are attaching a resume.

Position: _____ Company Name: _____

Supervisor: _____ Department: _____

Business Address/Phone: _____

Date of Employment: _____ / _____ Weekly Salary: _____ Hours per week: _____
(From) (To)

Key Responsibilities: _____

Position: _____ Company Name: _____

Supervisor: _____ Department: _____

Business Address/Phone: _____

Date of Employment: _____ / _____ Weekly Salary: _____ Hours per week: _____
(From) (To)

Key Responsibilities: _____

Position: _____ Company Name: _____

Supervisor: _____ Department: _____

Business Address/Phone: _____

Date of Employment: _____ / _____ Weekly Salary: _____ Hours per week: _____
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Key Responsibilities: _____

Position: _____ Company Name: _____

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Key Responsibilities: _____

Position: _____ Company Name: _____

Supervisor: _____ Department: _____

Business Address/Phone: _____

Date of Employment: _____ / _____ Weekly Salary: _____ Hours per week: _____
(From) (To)

Key Responsibilities: _____

SOFTWARE	SOFTWARE NAME	SKILL LEVEL
Word Processing		<input type="checkbox"/> FAMILIAR <input type="checkbox"/> COMPETENT <input type="checkbox"/> SKILLED
Spreadsheet		<input type="checkbox"/> FAMILIAR <input type="checkbox"/> COMPETENT <input type="checkbox"/> SKILLED
Database		<input type="checkbox"/> FAMILIAR <input type="checkbox"/> COMPETENT <input type="checkbox"/> SKILLED
Other		<input type="checkbox"/> FAMILIAR <input type="checkbox"/> COMPETENT <input type="checkbox"/> SKILLED

Describe any relevant additional Training, License or Certificates you may have. Please include description, date issued, registration number, and any other information necessary to demonstrate additional knowledge, skills, or abilities applicable to the position in which you are applying.

Please provide the name, contact information of three professional references.

NAME	CONTACT PHONE	BUSINESS/ADDRESS	RELATIONSHIP	YEARS AQUAINTED

Any individual applying for employment with the Town of Middlebury may be required to submit to a pre-employment drug test and physical exam as a mandatory part of the hiring process.

The medical portion of the hiring process will be conducted in accordance with the procedures required by applicable state and federal regulations. All test results shall be considered confidential by the Town of Middlebury and will only be disclosed to such person for whom disclosure is necessary. Positive test results, or a refusal to test shall be grounds for a denial of employment.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Town of Middlebury, you will comply in full with Middlebury's drug and alcohol policies.

Applicant's Signature: _____ **Date:** _____

Printed Name:

May we contact your present employer? YES NO

May we contact your past employers? YES NO

By signing or typing my name on the signature line below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the Town from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative.

Applicant's Signature: _____ **Date:** _____

Printed Name: