



**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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Phone: _____ _____	Mobile Phone: _____ _____	Email Address: _____ _____
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Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a current valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been employed by the Town of Middlebury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Verification of identify and employment eligibility required at time of hire)</i>
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How did you hear about this position? _____	Referred by: _____
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If you have served in the U.S. Military please provide:

_____ Branch of Service	_____ Service Dates	_____ Type of Discharge	
<u>School</u>	<u>Name &amp; Location</u>	<u>Graduate</u>	<u>Type of Degree &amp; Major</u>
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 for which you are applying. You may use additional sheets if necessary. Please complete this information **even** if you are attaching a resume.

**PLEASE PRINT CLEARLY**

**Position:**

\_\_\_\_\_

**Company Name:**

\_\_\_\_\_

**Supervisor:**

\_\_\_\_\_

**Department:**

\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Business Address and Phone:** \_\_\_\_\_

\_\_\_\_\_

**Key Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Company Name:**

\_\_\_\_\_

**Supervisor:**

\_\_\_\_\_

**Department:**

\_\_\_\_\_

**Business Address and Phone:** \_\_\_\_\_

\_\_\_\_\_

**Key Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Position:</b> _____	<b>Company Name:</b> _____
<b>Supervisor:</b> _____	<b>Department:</b> _____
<b>Dates of Employment:</b> _____	
<b>Business Address and Phone:</b> _____	
<b>Key Responsibilities:</b> _____ _____	

  

<b>Position:</b> _____	<b>Company Name:</b> _____
<b>Supervisor:</b> _____	<b>Department:</b> _____
<b>Business Address and Phone:</b> _____	
<b>Key Responsibilities:</b> _____ _____	

  

<u>Software</u>	<u>Software Name</u>	<u>Skill Level</u>
Word Processing		<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
Spreadsheet		<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
Other		<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 training, licenses 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 for which you are applying

<u>License or Certificate</u>	<u>Date Issued</u>	<u>Certification or Registration Number</u>	<u>Description</u>

Please provide the name and contact information of three professional references:

NAME	CONTACT NUMBER	EMAIL ADDRESS	YEARS ACQUAINTED

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 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(s) 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.

Printed Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

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

May we contact your current employer?

☐ Yes ☐ No

May we contact your past employer(s)?

☐ 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 the 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.

Printed Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

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