

# Town of Woodbury

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

This Application must be fully completed and signed for further consideration.  
Resumes may be included but are not a substitute for completion of this form.

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you 18 years of age or over? Yes  No  Are you legally authorized to work in the United States? Yes  No

Have you ever worked under another name? Yes  No  If so, name: \_\_\_\_\_

Referred to the Town by: \_\_\_\_\_

Have you ever been employed by the Town before? Yes  No  If yes, please specify \_\_\_\_\_

Have you ever applied to the Town before? Yes  No  If yes, please specify \_\_\_\_\_

Do you have any relatives working for the Town? Yes  No  If yes, please include their name and position(s): \_\_\_\_\_

### DESIRED EMPLOYMENT

Position(s) desired: \_\_\_\_\_

Full-Time  Part-Time  Salary Expectations: \_\_\_\_\_

Specific days and hours for which you are available to work: \_\_\_\_\_

Date you are available to begin work: \_\_\_\_\_

Are you willing to work overtime if necessary? Yes  No

**EMPLOYMENT EXPERIENCE**

**(Please start with your present or most recent employer and include each prior employer.  
You must fill out this application even if you are submitting a resume.)**

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you currently employed? Yes  No  If so, may we contact your current employer? Yes  No

Have you ever been dismissed from any job other than layoff? Yes  No  If yes, explain:  
\_\_\_\_\_

Is there any reason why any of your past employers would give you a negative reference? Yes  No  If yes, explain:  
\_\_\_\_\_

**EDUCATION & TRAINING**

<u>Institution</u>	<u>Name and Address</u>	<u>Years Completed</u>	<u>Graduate</u>	<u>Degree</u>
High School:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business, Technical, Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Subject of special study or research work:				
Special Training:				
Special Skills/Abilities:				

**REFERENCES**

Give the names of three persons you are not related to, whom you have known at least one year.

Name:	Phone:	Years Acquainted:
Name:	Phone:	Years Acquainted:
Name:	Phone:	Years Acquainted:

All qualified applicants receive consideration for employment without regard to race, color, religion, sex, marital status, age, natural origin, sexual orientation, disability or veteran status or any other characteristic protected by applicable law.

The facts set forth above in my application for employment and accompanying resume, if any and all statements and representations that I have made are true and complete. I understand that any false or misleading statements or the withholding of any pertinent information by me, no matter when discovered, will disqualify me from further consideration as a candidate for employment or be grounds for termination of employment if I am employed.

I understand that, consistent with the Town of Woodbury (TOWN) policy, I may be required to take a drug test at company expense and that I may be refused employment or terminated from employment if I do not pass the drug test or refuse to take it.

I hereby consent to having the TOWN contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I further consent to being discussed by any person so contacted and hereby waive all rights to bring any action for defamation, invasion of privacy, violation of the Connecticut Personnel File statutes (Conn. Gen. Stat. 31-128a et seq.) or any other cause of action against the TOWN or anyone contacted as a result of what he or she may say about me.

I understand that this is an application for employment and that nothing contained in this application or in the interview process is intended to create an employment contract. I understand that if I am employed, such employment is at-will and for an indefinite period of time and that the TOWN has a right to terminate my employment at any time and for any reason, with or without cause, and I retain a similar right. The TOWN also has the right to change wages, benefits and conditions at any time. I further understand that no manager or representative of the TOWN, other than the First Selectman, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Sign below only if you understand all the terms and conditions relative to your employment as outlined in this application.

Signature of Applicant	Date
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