



WESTPORT CONNECTICUT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation, handicap or veteran status.

If an applicant needs any assistance or accommodation to complete this application please contact Human Resources at 203-341-1090

EMPLOYMENT APPLICATION

Application Date: ___ / ___ / ___

P E R S O N A L	Last Name	First	Middle	<i>This field intentionally left blank</i>
	Previous/Different name(s) used in employment (for employment/reference checking):			Home Phone
	Years other name used:			Business Phone
	Street Address			
	City, State Zip			Mobile Phone
	Are you a citizen of the United States? ___ Yes ___ No			E-mail address
	If No, Are you legally authorized to work in the U. S.? ___ Yes ___ No			
Additional information that may be helpful?				

Position desired	As seen in advertisement: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Apart from absence for religious observance, are you available for full-time work? ___ Yes ___ No If not, what hours can you work? _____	Date available for employment:
Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and year _____ Location: _____	Will you work overtime if asked? ___ Yes ___ NO
Do you have any relative currently working for the Town? ___ Yes ___ No If yes, please provide name, position and department: _____	

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA?
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Technical School or Special Program				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor's / Department	Supervisor's telephone number: Email:
	If this is your current employer, may we contact? ___ Yes ___ No	
	State Job Title and Describe your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	Telephone: _____ email: _____	
	State Job Title and Describe your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	Telephone: _____ email: _____	
	State Job Title and Describe your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	
	Telephone: _____ email: _____	
	State Job Title and Describe your Work	Reason for Leaving

S K I L L S	List any special skill you have that are relevant to the position for which you are applying, including any specialized training and courses completed, or certificates earned that will aid in evaluating your qualifications for the position.
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References

1	Reference Name	Title
	Address	Telephone email
	Relationship	Years known

2	Reference Name	Title
	Address	Telephone email
	Relationship	Years known

3	Reference Name	Title
	Address	Telephone email
	Relationship	Years known

4	Reference Name	Title
	Address	Telephone email
	Relationship	Years known

Signature means you agree to the following:

S I G N A T U R E	<ul style="list-style-type: none"> The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I authorize the Town of Westport to conduct reference checks; I give permission to the Town to review any records of past employers. A copy of this authorization can be used in requesting information on candidate. Some positions may require drug test, fingerprints, background investigation or medical examination.
	<p>_____</p> <p>Date</p> <p>_____</p> <p>Sign, or if submitting online, check box above to indicate agreement; type name.</p>