

APPLICATION FOR EMPLOYMENT

TOWN OF PLYMOUTH • 80 MAIN STREET • TERRYVILLE, CT 06786

EQUAL OPPORTUNITY EMPLOYER

The Town of Plymouth will not, except in the case of a bona fide occupational qualification or need, or except as otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, gender, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability, including but not limited to blindness with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

Please answer all questions and print legibly or type.

PERSONAL INFORMATION

NAME _____ DATE _____

Have you ever worked under another name? Yes No If yes, give name _____

ADDRESS: _____

TELEPHONE: () _____ MAY WE CONTACT YOU AT WORK? Yes No

POSITION APPLYING FOR: _____ DEPT. _____

DATE YOU CAN BEGIN: _____ SOCIAL SECURITY NUMBER _____

ARE YOU AVAILABLE TO WORK OVERTIME? Yes No

ARE YOU AVAILABLE TO WORK WEEKENDS? Yes No

MARITAL STATUS _____

ARE YOU OVER THE AGE OF 18? Yes No IF UNDER 18, CERTIFICATION MAY BE REQUIRED BY LAW.

ARE YOU A PREVIOUS APPLICANT? Yes No ARE YOU A PREVIOUS EMPLOYEE? Yes No

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? Yes No

ARE YOU A LICENSED DRIVER WITH A CAR AVAILABLE? (ANSWER ONLY IF APPLICABLE TO THE POSITION YOU ARE APPLYING FOR)? Yes No

OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? Yes No IF YOU ANSWERED YES, PLEASE PROVIDE DETAILS _____

I UNDERSTAND THAT A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY ME FOR EMPLOYMENT WITH THE TOWN OF PLYMOUTH, BUT THE TOWN SHALL CONSIDER THE NATURE OF THE CONVICTION AS IT RELATES TO THE JOB DUTIES IN QUESTION AND IN LIGHT OF THE REQUIREMENTS OF STATE AND FEDERAL LAW.

The Town of Plymouth is an equal opportunity Employer and Provider

MILITARY SERVICE? Yes No IF YOU ANSWERED YES, PLEASE PROVIDE DETAILS:
 BRANCH OF SERVICE _____ RANK AT DISCHARGE _____ DATES OF SERVICE _____
 LIST DUTIES AND ANY SPECIAL TRAINING YOU COMPLETED _____

ADDITIONAL QUALIFICATIONS, SPECIAL TRAINING/EDUCATION, COMPUTER OR OFFICE EQUIPMENT SKILLS AND/OR INDIVIDUAL CAPABILITIES YOU HAVE WHICH PREPARE YOU FOR THE POSITION YOU HAVE APPLIED FOR: _____

PROFESSIONAL OR LICENSURE INFORMATION (IF APPLICABLE):
 LIST ANY PROFESSIONAL CERTIFICATIONS, REGISTRATIONS, OR LICENSES (I.E., COMMERCIAL MOTOR VEHICLE OPERATORS LICENSE) THAT YOU POSSESS, IF APPLICABLE TO THE POSITION YOU ARE APPLYING FOR:
 CERTIFICATION/LICENSE _____
 CERTIFICATION/LICENSE #, STATE, AND EXPIRATION DATE _____

HAVE YOU EVER BEEN BONDED? Yes No IF YES, ON WHAT JOBS? _____

EDUCATION

PLEASE COMPLETE ALL APPLICABLE ITEMS:

TYPE OF SCHOOL	NAME & LOCATION	DATES OF ATTENDANCE	NAME & DATE OF DEGREE	MAJOR & MINOR AREAS OF STUDY
HIGH OR TRADE SCHOOL				
BUSINESS OR TECHNICAL SCHOOL				
COLLEGES				
OTHER TRAINING (PLS. EXPLAIN)				

PLEASE LIST ANY ACADEMIC HONORS, SCHOLARSHIPS, MEMBERSHIPS IN HONOR SOCIETIES, ETC., WHICH YOU CONSIDER SIGNIFICANT (NOTE: PLEASE EXCLUDE ANY NAMES, TITLE, ETC., INDICATING RACE, SEX, COLOR, NATIONAL ORIGIN OR RELIGION) _____

EMPLOYMENT RECORD

	MOST RECENT EMPLOYER	PAST EMPLOYER	PAST EMPLOYER
EMPLOYER NAME			
TYPE OF BUSINESS			
ADDRESS			
TELEPHONE			
START DATE			
ENDING DATE			
LAST WAGE/SALARY			
REASON FOR LEAVING			
JOB/POSITION TITLE			
NAME OF SUPERVISOR & SUPERVISOR'S TITLE			
MAY WE CONTACT THIS EMPLOYER?			
DESCRIBE DUTIES			

OPTIONAL: PLEASE ATTACH A LIST OF REFERENCES.

ACKNOWLEDGMENT

This application is not a contract of employment in any way. All employment with the Town of Plymouth is on an at-will basis, unless otherwise expressly provided. No official, agent or employee of the Town of Plymouth is authorized to change this employment at-will status. Therefore, either an employee or the Town of Plymouth can end the employment relationship at any time and for any reason.

By your signature below, you acknowledge and aver that there are no misrepresentations, omissions, or falsifications of any kind in the foregoing statements and answers and that the responses given are true, complete and accurate to the best of your knowledge and are made in good faith. Any misrepresentation, omission or falsification in the foregoing statements and answers, or at any time during the application process, is grounds for disqualification from employment, and, if you are hired, without limiting the at-will status of your employment, grounds for immediate discharge.

By your signature below, you also authorize, and discharge from all liability, the Town of Plymouth and all educators, employers and references listed in this application, regarding the furnishing of the Town of Plymouth with information regarding your education, employment history, and any other matter related to your application for employment. The Town of Plymouth will, upon request, supply a copy of this acknowledgment to any educator, employer or reference the Town of Plymouth contacts in regard to this application. The Town of Plymouth reserves the right to conduct all lawful background checks in connection with your application for employment, including but not limited to a credit report check, upon your written request, the Town of Plymouth will supply you with one copy of any such report(s) it receives.

If hired, you agree to comply with all rules, regulations and policies governing employment with the Town of Plymouth, as currently in force and as the same may from time to time be amended, deleted, revised or modified.

Signature _____ Authorized Witness _____

Date _____ Date _____

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RELEASE AUTHORIZATION

TO: All Courts, Probation Department, Law Enforcement Agencies, Selective Service Boards, Physicians, Hospitals, Employers, Education and other Institutions, and Agencies without exception.

I, _____ am making application or am being considered for Town of Plymouth employment. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Town of Plymouth or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate the Town of Plymouth, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Town of Plymouth.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Signature _____ Date of Birth _____

Address _____

Sworn to me this _____ day of _____

Notary Public: _____

My commission expires _____