



An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT
 HUMAN RESOURCES - SIMSBURY TOWN OFFICE BUILDING
 P.O. Box 495 - 933 Hopmeadow Street, Simsbury, CT 06070

Job application will be kept on file
 for a maximum of three years.

1. Job Applying For (Complete in ink or type)			4. Do you possess a valid drivers license required for the job applied for?	
			Yes	No
USE TITLE ON JOB ANNOUNCEMENT				
2. Your Name			5. Your telephone number	
(PRINT) LAST NAME FIRST MIDDLE			HOME WORK	
3. Address			5a. May we call you at work?	
			Yes	No
NO. AND STREET, OR P.O. BOX			6. Are you legally authorized to work in the U.S.?	
APT.NO.			Yes	No
CITY STATE ZIP CODE				
7. Date of Birth (Required for Police applicants only).	8. A. Social Security Number	9. Do you claim 5 point preference based on active duty in the U.S. Armed Forces? Yes No If claiming 5 point veteran credit, please attach D-214 to application.		
	B. Are you a U.S. Citizen? Yes No			

10a. CRIMINAL BACKGROUND:

Please complete the attached separate page and return with the completed application form.

11. EDUCATION		B. If you have a high school equivalency certificate, give the place the certificate was granted:	
A. Did you graduate from high school?	Yes	No	PLACE
C. Give the last high school, or trade school you attended			
NAME OF SCHOOL	LOCATION	COURSE	

D. List any colleges, business schools, or technical schools you attended following high school graduation:

NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	DATES ATTENDED	DEGREE OR CERTIFICATE RECEIVED

E. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other details related to the job for which you are applying.

F. This form must be fully completed and signed for further consideration. Reference to any attachments is not acceptable.

*State law prohibits job discrimination on the basis of age, race, color, sex, marital status, religious creed, sexual orientation, national origin, ancestry, past or present mental disorder, mental retardation, learning disability or physical disability unless they are bona fide occupational qualifications.

Do you require a reasonable accommodation to take the employment test for this position opening? Yes No

12. EXPERIENCE: Describe under the headings given below, your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed.

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
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REGULAR SALARY (excl. O.T., etc.)	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR
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DATE OF LAST INCREASE	REASON FOR LEAVING (explain)
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YOUR PRESENT OR LAST JOB TITLE:
YOUR DUTIES:

STARTING DATE MONTH YEAR	ENDING DATE MONTH YEAR	NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER	
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REGULAR SALARY (excl. O.T., etc.)	HOURS PER WEEK	NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR
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DATE OF LAST INCREASE	REASON FOR LEAVING (explain)
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YOUR PRESENT OR LAST JOB TITLE:
YOUR DUTIES:

13a. Have you any objection to Human Resources checking employment references? Yes No

13b. If you used a different name(s) with past employers, please provide us with such name(s) in order that we can adequately verify employment history or educational background.

14. SPECIAL SKILLS OR ABILITIES (Optional)

IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER, ATTACH SUCH SHEET AT TOP OF PAGE.

CERTIFICATION: I certify that all statements made or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I give approval for the Town to inquire of my employment references and credit report. If I do not wish to have specific references checked, I will give prior written notification of same. I understand that my employment is terminable at will by either party. I also understand that I must successfully pass the required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug screening test, if required.

DATE	SIGNATURE OF APPLICANT
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