



HOUSING AUTHORITY OF THE TOWN OF SIMSBURY
 1600 HOPMEADOW STREET
 SIMSBURY, CONNECTICUT 06070

APPLICATION FOR EMPLOYMENT

COMPLETE IN INK OR TYPE

JOB APPLYING FOR: _____ FULL-TIME__ PART-TIME__

NAME: LAST: _____ **FIRST:** _____ **MIDDLE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: HOME: _____ **BUSINESS:** _____ **CELL:** _____

MAY WE CONTACT YOU AT YOUR BUSINESS PHONE NUMBER? _____

EDUCATION:

HIGH SCHOOL:

DID YOU GRADUATE? YES: MONTH _____ **YEAR** _____

NO _____ **HIGHEST GRADE COMPLETED:** _____

DID YOU RECEIVE A HIGH SCHOOL EQUIVALENCY DIPLOMA? _____

HIGHER EDUCATION:

LIST ANY COLLEGES, BUSINESS OR TECHNICAL SCHOOLS YOU ATTENDED

NAME	LOCATION	DATES ATTENDED	MAJOR	DID YOU GRADUATE?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ANY SPECIAL TRAINING OR SKILLS YOU POSSESS THAT MAY BE RELATED TO THE POSITION FOR WHICH YOU HAVE APPLIED.

(COMPLETE REVERSE SIDE)

JOB EXPERIENCE:

IF NOT INCLUDED ON AN ATTACHED RESUME, BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE AND WORK BACKWARDS CONSECUTIVELY AT LEAST 10 YEARS.

START DATE : _____ END DATE: _____ TITLE: _____
COMPANY NAME: _____
COMPANY LOCATION: _____
STARTING SALARY: _____ ENDING SALARY: _____
IMMEDIATE SUPERVISOR: _____
REASON FOR LEAVING: _____
MAY WE CONTACT YOUR MOST RECENT EMPLOYER? _____
DESCRIPTION OF DUTIES: _____

START DATE : _____ END DATE: _____ TITLE: _____
COMPANY NAME: _____
COMPANY LOCATION: _____
STARTING SALARY: _____ ENDING SALARY: _____
IMMEDIATE SUPERVISOR: _____
REASON FOR LEAVING: _____
DESCRIPTION OF DUTIES: _____

START DATE : _____ END DATE: _____ TITLE: _____
COMPANY NAME: _____
COMPANY LOCATION: _____
STARTING SALARY: _____ ENDING SALARY: _____
IMMEDIATE SUPERVISOR: _____
REASON FOR LEAVING: _____
DESCRIPTION OF DUTIES: _____

REFERENCES:

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATED TO YOU.

NAME: _____
TITLE: _____
ADDRESS: _____
PHONE: _____

NAME: _____
TITLE: _____
ADDRESS: _____
PHONE: _____

NAME: _____
TITLE: _____
ADDRESS: _____
PHONE: _____

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 Housing Authority to inquire of my employment references, obtain a credit report, and perform a criminal background check. I understand that my employment is terminable at will by either party.

DATE: _____ SIGNATURE OF APPLICANT: _____ DATE OF BIRTH _____