

TOWN OF CROMWELL

APPLICATION FOR EMPLOYMENT

The Town of Cromwell is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town of Cromwell considers applicants for all positions without regard to race, color, religion, gender, national origin/ancestry, age, disability, marital or civil union party status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

Full Name: _____
Last Name First Name Middle

Address: _____
Number Street City State Zip

Telephone Number(s): _____
Home Work Cell

Email Address: _____

How did you hear about us? Newspaper Internet Other _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No

Are you prevented from lawfully becoming employed in this country because of
Visa or immigration status Yes No

If employment is offered, can you produce documentation required by law to
establish work authorization and identity? Yes No

EMPLOYMENT DESIRED

Position (s) applied for: _____

Hourly Rate/ Salary desired? _____

On what date would you be available to work? _____ Are you available to work Full time Part time

Can you work overtime if your job requires it? Yes No

Can you travel if your work requires it? Yes No

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes No

If yes, please explain on the next page.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EDUCATION AND TRAINING

Completed	Name and Address of School	Course of Study	Years	Diploma/Degree
High School:				
Prep School:				
College:				
University:				
Graduate:				
Professional Trade:				
Business School:				
Academic Scholarships / Awards:				
Describe any specialized training, licenses or certifications:				
Has any license or certification you have held been surrendered, suspended or revoked for any reason?				
If so, please explain:				

EMPLOYMENT EXPERIENCE

Starting with your most recent employment, provide your complete employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current employer may be contacted unless you ask us not to do so. If you provide a resume that contains some of the requested information, you must nonetheless complete the fields marked by an asterisk (*)

Employer*	From:	To:
Address:		
Telephone Number(s):	Job Title:	
Duties & Accomplishments:		
Supervisor (Name and Title)		
Reason for leaving*		

Employer*	From:	To:
Address:		
Telephone Number(s):	Job Title:	
Duties & Accomplishments:		
Supervisor (Name and Title)		
Reason for leaving*		

EMPLOYMENT EXPERIENCE (CONTINUED)

Employer* _____ From: _____ To: _____

Address: _____ Hourly Rate/ Salary* _____

Telephone Number(s): _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving* _____

.....

Employer* _____ From: _____ To: _____

Address: _____ Hourly Rate/ Salary* _____

Telephone Number(s): _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving* _____

.....

Employer* _____ From: _____ To: _____

Address: _____ Hourly Rate/ Salary* _____

Telephone Number(s): _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving* _____

.....

Employer* _____ From: _____ To: _____

Address: _____ Hourly Rate/ Salary* _____

Telephone Number(s): _____ Job Title: _____

Duties & Accomplishments: _____

Supervisor (Name and Title) _____

Reason for leaving* _____

REFERENCES

Please provide names of 3 professional references, not related to you, whom you have known at least one year.

	Name	Title	Home Phone	Business Phone
1.	_____			
2.	_____			
3.	_____			

SKILLS AND EXPERIENCE

State any other skills or experience relevant to the job for which you are applying that you think may be helpful to us in considering your application:

APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge. I understand that false or misleading information given in my application, resumes, and interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I HAVE READ, UNDERSTOOD AND AGREE TO THE FOREGOING.

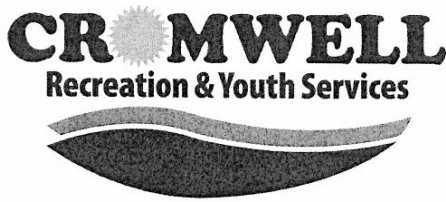
Signature of Applicant

Date

Email completed form to:
mbironi@cromwellct.com

Or

Mail completed application to:
Attn: Marion
Town of Cromwell
41 West Street
Cromwell, CT 06416



Cromwell Recreation, CT

National Background Screening Consent Form

Applicant's **Legal** Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name _____ Date _____

Signature _____