



Employment Application

Town of Beacon Falls, CT

GENERAL INFORMATION:

Name _____

Tel. No. (Home) _____

Tel. No. (Cell) _____

Email _____

Address _____

Position Applying for _____

Full-Time () / Part-Time ()

Instructions:

Fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant giving false information will be subject to disqualification as an applicant. If a question does not apply to you, write N/A (not applicable). If the space provided is inadequate, please document the additional information on a separate sheet of paper (8.5 X 11) and indicate the question you are responding to. More than one answer may be put on a sheet. This application form should be legible in black or blue ink.

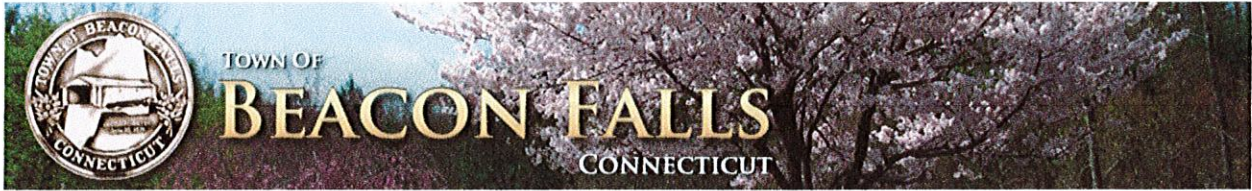
PERSONAL INFORMATION:

Work Authorization:

If hired can you provide proof of your identity and authorization to work in the United States?
YES () NO () [If yes, verification will be required at the time employment begins].

Have you ever been employed by the Town of Beacon Falls? YES () NO ()
[If yes, what department and when? _____]

Is any member of your immediate family now employed by the Town of Beacon Falls?
YES () NO () [If yes], name: _____



EDUCATION:

Have you graduated from High School or received a High School Equivalency Diploma? YES () NO ()

If yes, Name and Address of School: _____

If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

List education and training you have had since High School in professional or business school, colleges or universities. Include technical, trade, correspondence and military service schools and courses:

School	Courses or Major Field of Study	Degree Completed & Awarded
		Yes () No ()
		Yes () No ()
		Yes () No ()
		Yes () No ()

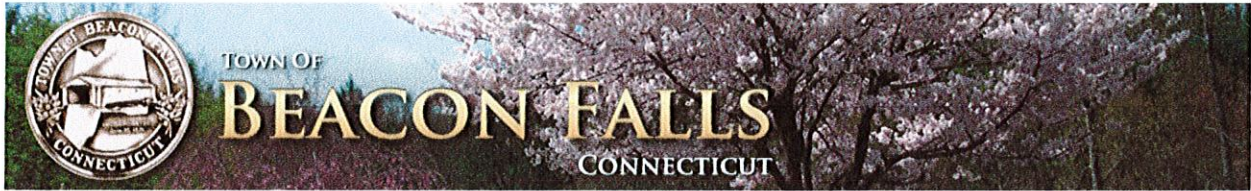
Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications or registrations

EMPLOYMENT HISTORY:

List all employment (including self -employment) beginning with current or most recent employer. You may continue on additional sheet if necessary (you may also attach a resume in addition to this application).

Most Recent:

Employer Firm/Address: _____
 Supervisors Name: _____
 Full- or Part-Time: _____ Salary: Starting: _____ Final: _____
 Employment Dates: From: _____ To: _____
 Reason for Leaving: _____
 Position Title: _____



Specific Duties: _____

Employer Firm/Address: _____

Supervisors Name: _____

Full- or Part-Time: _____ Salary: Starting: _____ Final: _____

Employment Dates: From: _____ To: _____

Reason for Leaving: _____

Position: _____

Title: _____

Specific Duties: _____

Employer Firm/Address: _____

Supervisors Name: _____

Full- or Part-Time: _____ Salary: Starting: _____ Final: _____

Employment Dates: From: _____ To: _____

Reason for Leaving: _____

Position Title: _____

Specific Duties: _____

OTHER LICENSES, CERTIFICATIONS OR SKILLS APPLICABLE TO POSITION:

Computer Systems, Office Machines or related equipment which you can operate (if applicable): _____

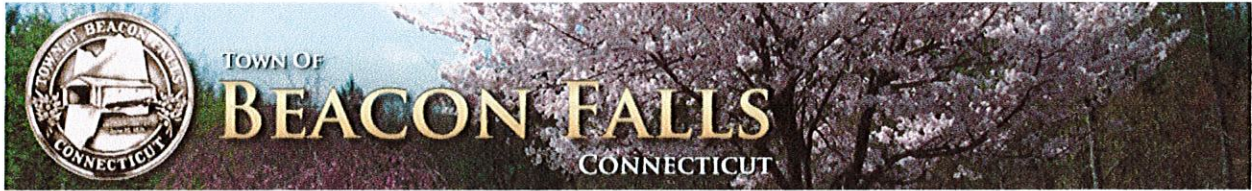
Heavy Equipment which you can operate (if applicable): _____

Driver's License: (if applicable to job)

STATE: _____ NUMBER: _____

TYPE: _____

Please list any specific professional licenses, certifications, registrations, skills or equipment you can operate which would be related to the position for which you



applied: _____

REFERENCES:

<u>Name:</u>	<u>Title:</u>	<u>Relationship:</u>	<u>Phone & Email:</u>	<u>Years Known:</u>

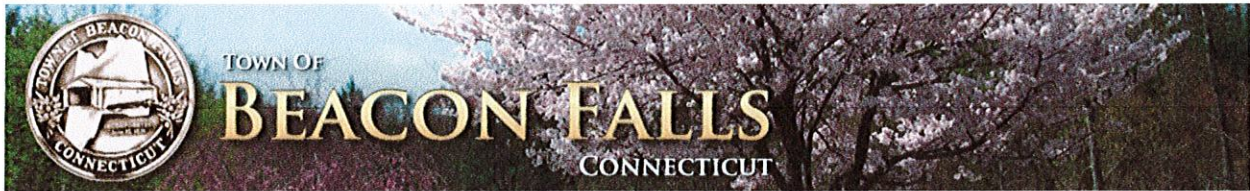
Release of liability for background information and authorization to contact references:

I hereby release all persons and entities list on my application from all liability for damages for providing background information to the Town or its legally authorized agents. I authorize the Town to ask the persons or entities listed as references identified on my application any questions concerning my work history, positions held, skills or other relevant questions about my work experience.

Applicant Authorization Statement

I certify that the facts contained in this employment application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire me, or discharge if I have been employed, no matter when discovered by The Town of Beacon Falls.

I also understand that employment is contingent upon completion of a satisfactory background investigation and positive references. The background screening may include; education verification, criminal records search, employment history verification and reference confirmation; and may also include credit information, depending on the position I am applying for. I understand that I have the right to request the information received from your investigation, and I must make this request in writing within a reasonable time after you complete this process. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Town without giving me prior notice of such disclosure. In addition, I release



the Town and any former employers, and all references named on my application from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Town. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Town unless made in writing.

I understand that if offered a position I will be required to attest to my identity and employment authorization and eligibility, and to present documents confirming my identity and employment eligibility. I agree and understand that I cannot be hired and cannot work if I cannot comply with these requirements.

I also understand that employment with the Town is contingent upon successful completion of a negative drug screen, and I consent to the drug test. I also request that the examining doctor, laboratory testing service or other duly authorized party disclose to the Town the results of my test, and that these results shall remain confidential.

I also understand that no manager, supervisor or other individual of the Town of Beacon Falls has authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of the Town should be interpreted to make such a guarantee. Nothing stated by the Town, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the applicant and the Town of Beacon Falls.

By signing below, I certify that I have read, fully understand and accept all terms in the foregoing statement. *PLEASE DO NOT SIGN UNTIL YOU HAVE CAREFULLY READ THE ABOVE STATEMENT IN ITS ENTIRETY.*

I have read and agree to the above Applicant Authorization statement

Signature of Applicant: _____

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the Policy of the Town of Beacon Falls to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, veteran status, sexual



orientation, gender identity or expression, or disability.