

APPLICATION FOR EMPLOYMENT

(Pre-Employment questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE: _____

NAME:

SS#: _____

LAST FIRST MI

ADDRESS:

STREET CITY STATE ZIP

PHONE #:

ARE YOU 18 YEARS OLD OR OLDER? yes no

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? yes no

EMPLOYMENT DESIRED

POSITION:

SALARY DESIRED: _____

CURRENTLY EMPLOYED? yes no

IF SO, MAY WE CONTACT EMPLOYER? yes no

DESIRED START DATE: _____

REFERRED BY: _____

EDUCATION

| | NAME & LOCATION OF SCHOOL | # YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|----------------|---------------------------|------------------|------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (Civic, Athletic, Etc.): _____

EXCLUDE ORGANIZATIONS THAT THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY SERVICE: _____

RANK: _____

PRESENTLY ENLISTED? yes no

* THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991

FORMER EMPLOYERS (List below the last three employers, starting with the most recent)

| EMPLOYMENT DATES | NAME & ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|------------------|----------------------------|----------|--------------------|
| START: | | | |
| END: | | | |
| START: | | | |
| END: | | | |
| START: | | | |
| END: | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES (Give the names of three persons, not related to you, whom you have known for at least one year)

| NAME | CONTACT INFORMATION | OCCUPATION/BUSINESS | YEARS KNOWN |
|------|---------------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING

APPLICANT SIGNATURE: _____

DATE: _____

Town of Windsor Locks

Affirmative Action

Each applicant for employment with the Town of Windsor Locks is requested to provide the following voluntary information to be used solely for Affirmative Action reporting purposes. It will be detached when your application is filed and the information on it will be kept confidential and will not be considered in the employment process.

1. Ethnic Group (please circle one)

White Black or African American Hispanic or Latino American Indian or
Alaska Native Asian Native Hawaiian or other Pacific Islander
Two or more races

2. (Please circle one) Male Female

3. Age: (please circle one) 16 or less 17-25 26-40 41-65
66+

4. Type of work desired (please circle one preference)

Administrative (Managerial or Dept, etc.)

Professional

Technical

Protective Service

Office/clerical

Skilled craft

Service/Maintenance

Summer employment

5. I applied to the Town of Windsor Locks in response to: (Please circle one)

Advertisement _____ (name of publication)

Community or professional organization or Agency
Name: _____

Referred by a Town employee

Website _____ (specify which site)

Other _____

[illegible]

Name: (please print) _____

Address _____

Town _____

State _____

Zip _____

Date: _____

Other _____

[illegible]

Name: (please print) _____

Address _____

Town _____

State _____

Zip _____

Date: _____