



1043 Buckley Highway
 Union, CT 06076

We are an equal opportunity employer
 Please Print or Type

Position applied for _____ Date _____

Referral Source: __Advertisement __Friend/Relative __Employment Agency __ Other

Last Name	First Name	Middle Name
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Address: Number	Street	City	State	Zip Code
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Telephone Number(s)	Email Address
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Please Check Appropriate Box

If you are under 18 years of age, can you provide required proof of your eligibility to work __Yes __No

Have you filed an application or been employed here before? __Yes __No
 If yes, give date(s) _____

Are you currently employed? __Yes __No
 If yes, may we contact your present employer? __Yes __No

Are you prevented from lawfully becoming employed in the country because of visa or Immigration status? __Yes __No
 (Proof of citizenship or Immigration status will be required upon employment)

On what date would you be available to work? _____

Are you available to work: __Full Time __Part Time __Temporary

Are you currently on "lay-off" status and subject to recall? __Yes __No

Can you travel if a job requires it? _____
State number Type

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other				

Describe any job related training received in the United States Military:

Summarize job related skills and qualifications acquired from employment or other experience:

Check skills/equipment operated: _____

Computer/Word processing programs: __Microsoft Office Other: _____

Office Equipment: _____

Vehicles/Power Equipment (list) _____

State any additional information you feel may be helpful to us in considering your application:

Employment History

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position. Attach a resume, if necessary. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	Work Performed
_____	From/To	_____
Address	_____ / _____	_____
_____		_____
Supervisor	Salary	Reason for Leaving
_____	Starting/Final	_____
Telephone	_____ / _____	_____
_____		_____
Job Title		_____
_____		_____

Employer	Dates Employed	Work Performed
_____	From/To	_____
Address	_____ / _____	_____
_____		_____
Supervisor	Salary	Reason for Leaving
_____	Starting/Final	_____
Telephone	_____ / _____	_____
_____		_____
Job Title		_____
_____		_____

Employer	Dates Employed	Work Performed
_____	From/To	_____
Address	_____ / _____	_____
_____		_____
Supervisor	Salary	Reason for Leaving
_____	Starting/Final	_____
Telephone	_____ / _____	_____
_____		_____
Job Title		_____
_____		_____

Reference

Give name, address and telephone number of three (3) references not related to you.

- 1. _____
- 2. _____
- 3. _____

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? __Yes __No

A description of the activities involved in such a job or occupation is attached.

Drug Screening Program

The Town Of Union is committed to maintaining a drug-free work environment. The nature of the services provided by the Town requires that all employees be capable of performing the functions of their employment position free from the influence of any drug with physical or mind altering psychological effects. To that end, a urinalysis drug screen test may be administered during the pre-employment process. Further it is the policy of the Town not to hire or re-hire individuals who use any narcotic or dangerous drug in any amount regardless of frequency or occasion unless the individual has a medically acceptable prescription.

Applicant's Statement

It is the policy of the Town of Union to require a urinalysis drug screen test and a medical examination as part of its election process after a conditional offer of employment has been extended to any applicant and before the individual begins work. A urinalysis drug screen test and a medical examination are uniformly required for all applicants for all positions.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Town of Union and myself for either employment or for the providing of any benefit. 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. If an employment relation is established, I understand that I have the right to terminate my employment at any time and that the Town retains the same right.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me, or for dismissing me after I have begun employment. I waive all rights I might have against all employers and other persons providing information concerning my character, abilities, work behavior and record of employment.

Signature of Applicant

Date

The following information is requested by the Federal Government in order to monitor our compliance with various Federal Civil Rights Laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal Regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

I do not wish to furnish this information

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race/National

Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Sex:

- Male
- Female