



APPLICATION FOR EMPLOYMENT

**TOWN OF EAST GRANBY
9 CENTER STREET
P.O. BOX 1858
EAST GRANBY, CT 06026**

Today's Date _____

Name _____
Last First Middle

Address _____

City/State/Zip _____

Phone () _____ Social Security # _____

Position Applying For _____

Date Available for Work _____

Are you legally eligible for employment in the U.S.? Yes No

Are you of legal age to work at the job for which you are applying in the State of CT? Yes No

Special training or skills (languages, etc.) that would be of special benefit for the job in which you are applying:

Educational Background

School	Name & Location	Course of Study	Degree or Diploma
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Grammar

High School

College

Other School (Trade, Vocational, Graduate)

Membership in professional or civic organizations

EMPLOYMENT EXPERIENCE

List your most recent employer first.

Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: From _____ to _____ Hourly Rate/Salary _____

Work Performed _____

Reason for Leaving _____

Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: From _____ to _____ Hourly Rate/Salary _____

Work Performed _____

Reason for Leaving _____

Employer _____ Address _____

Phone () _____

Job Title _____ Supervisor _____

Dates Employed: From _____ to _____ Hourly Rate/Salary _____

Work Performed _____

Reason for Leaving _____

May we contact any/all of your employers? _____

PERSONAL REFERENCES

REFERENCES: List below three individuals who can describe your qualifications for this position, preferably supervisors, co-workers, professors, colleagues, etc.

1. Name _____ Phone () _____

Address _____

2. Name _____ Phone () _____

Address _____

3. Name _____ Phone () _____

Address _____

TOWN OF EAST GRANBY
REFERENCE RELEASE FORM

As part of your application with the Town of East Granby, we need to perform a reference check regarding your employment and education history. Please read this form carefully and sign only if you agree to the terms and conditions of the release statement.

Name: (Last, First, Middle Initial)

Position Applying For:

I, the undersigned, do hereby authorize the Town of East Granby and its agents to contact any of the educators, employers and references listed on this application, and I authorize such educators, employers and references to release to the Town of East Granby and its agents any and all information (including documents and other records) regarding my education, employment history or any other matter related to my application for employment with the Town of East Granby.

Applicant's Signature

Date Signed

TOWN OF EAST GRANBY
EAST GRANBY, CT

TO THE APPLICANT:

Please fill out the application form as fully as possible. If you have a resume, cover letter or other information to present, you still must fill out the application form.

You must also acknowledge the following notice when submitting your application:

DISCLAIMER:

This application for employment, the Town Personnel Policy Manual, position descriptions, are not intended to create any contract of employment with the Town of East Granby.

The Town of East Granby reserves the right to reject any or all applications which may be deemed in its best interest to do so.

I have read and fully understand the above disclaimer.

Applicant Signature

Date