



# TOWN OF ELLINGTON

55 Main Street  
 P. O. Box 187  
 Ellington, Connecticut 06029-0187

[www.ellington-ct.gov](http://www.ellington-ct.gov)

## APPLICATION FOR EMPLOYMENT

Position you are applying for: \_\_\_\_\_

You must fill out this application completely even if a resume is being attached.

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

### PERSONAL INFORMATION

Last Name			First Name			Middle		
Address: Number			Street			City		
State			Zip Code					
Telephone Number(s): Home			Work			Cell		
Email Address:								

If you are 17 years old or younger, enter your age: \_\_\_\_\_

How did you hear about us?  Newspaper  Internet  Other \_\_\_\_\_

May we call you at work?  Yes  No May we contact your present employer?  Yes  No

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

Are you currently on "lay-off" status and subject to recall?  Yes  No

## EMPLOYMENT DESIRED

On what date would you be available to start work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time

Are there any hours or days that you cannot or will not work? \_\_\_\_\_

Can you travel if your job requires it?  Yes  No

Driver's License Identification: \_\_\_\_\_  
State Number Type

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

Do you have any friends or relatives working here?  Yes  No

If yes, list name and relationship to you: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

## REFERENCES

Provide the names of three (3) employment-related references:

Name & Title	Company Name
Address	Telephone Number

Name & Title	Company Name
Address	Telephone Number

Name & Title	Company Name
Address	Telephone Number

## EDUCATION AND TRAINING

Have you graduated from High School or received a High School equivalency diploma?  Yes  No

If no, circle the highest grade completed: 9 10 11 / High School Name: \_\_\_\_\_

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Technical/ Trade or Business				
College or University				
Graduate or Professional				

Describe any specialized training, licenses, certifications, and skills:

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Has any license or certification you have held been surrendered, suspended or revoked for any reason? If so, please explain: \_\_\_\_\_

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

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## EMPLOYMENT EXPERIENCE

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You must fill out this section completely even if a resume is being attached.  
Start with your most recent position.

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties & Accomplishments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor (Name and Title) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties & Accomplishments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor (Name and Title) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Job Title \_\_\_\_\_

Duties & Accomplishments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor (Name and Title) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

(If you need additional space, please attach additional sheets.)

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**NOTICE TO APPLICANTS REGARDING  
PRE-EMPLOYMENT DRUG TESTING**

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Any individual who is a final candidate for employment with Town of Ellington ("the Town") may be required to submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Town's intention to conduct drug testing as part of the application process. The testing will be conducted in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and you understand and agree that in order to be considered for employment with the Town, you will comply in full with the Town's drug testing requirements and policy.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

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**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

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I have applied for employment with Town of Ellington ("The Town"). I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of The Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my application, and if hired, my employment. I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to The Town, and hereby release all persons from liability for any damage that may result from furnishing such information to The Town. A photocopy of this authorization may be accepted in lieu of the original.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

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## APPLICANT'S AGREEMENT AND CERTIFICATION

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I certify that the answers given in this application are true to the best of my knowledge.

I understand that [1] the use of this application form does not in any way obligate Town of Ellington ("The Town"); [2] should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of The Town; [3] false or misleading information given in my application, resumes, 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; and [4] acceptance for employment shall depend on satisfactory replies from my references and other background checks and satisfactory completion of any pre-employment testing required.

I have read, understand and agree to the foregoing.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Forms/Application for Employment.12/2016