



TOWN OF GRANBY

APPLICATION FOR EMPLOYMENT

**15 North Granby Road
Granby, CT 06035**

www.granby-ct.gov

(Please Type or Print)

Position Applied For:	Date of Application:
Attach Resume if available.	

Last Name	First Name	Middle Name
Address: Number Street	City	State Zip Code
E-mail address:		
Telephone Number(s)		
Home:		
Business:		
Mobile:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever filed an application with the town before? _____ Yes _____ No
 If yes, give date(s): _____

Have you ever been employed with us before? _____ Yes _____ No
 If yes, give date(s): _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming permanently employed in this 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 for work? _____

Are you available to work: _____ Full Time (please circle: 1 2 3 shift)
 _____ Part Time (please circle: Mornings Afternoons Evenings)
 _____ Temporary (please indicate dates available ___/___/___ - ___/___/___)

AN EQUAL OPPORTUNITY EMPLOYER

State law prohibits job discrimination on the basis of age, race, color, sex, marital status, religious creed, sexual orientation, national origin, ancestry, past or present mental disorder, mental retardation, learning disability or physical disability unless they are bona fide occupational qualifications.

EDUCATION

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT EXPERIENCE

List all employment including self-employment, summer, part-time and full-time military service. You may also include any work performed on a volunteer basis. Start with the present or most recent employer.

Company Name & Address

Job Title _____

____ Full Time ____ Part Time

Supervisor

Telephone (____) _____

Starting Salary \$ _____

Dates of Employment

Final Salary \$ _____

_____ to _____

Reason for Leaving

Description of Duties

Company Name & Address

Job Title _____

____ Full Time ____ Part Time

Supervisor

Telephone (____) _____

Starting Salary \$ _____

Dates of Employment

Final Salary \$ _____

_____ to _____

Reason for Leaving

Description of Duties

Company Name & Address

Job Title _____

____ Full Time ____ Part Time

Supervisor

Telephone (____) _____

Starting Salary \$ _____

Dates of Employment

Final Salary \$ _____

_____ to _____

Reason for Leaving

Description of Duties

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (CHECK SKILLS/EQUIPMENT OPERATED)

_____ PC _____ MS Word _____ Excel
_____ Calculator _____ MS Access _____ Spreadsheet

Others: _____

List any licenses or certifications you hold which are valid and in good standing: _____

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

REFERENCES

Name	<u>Phone #'s</u> Home: Business: Mobile:
Address	
Name	<u>Phone #'s</u> Home: Business: Mobile:
Address	
Name	<u>Phone #'s</u> Home: Business: Mobile:
Address	

A Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS ON THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ YES _____ NO

APPLICANT'S STATEMENT

I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered. I also give consent for you to check with previous employers and personal references and release the town, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement. Failure to completely fill out this application may result in my disqualification from any further consideration for employment.

I hereby acknowledge that I have read the above statements and understand them.

Signature of Applicant

Date

Notice of Original Signature: *If you plan to fax or e-mail your completed application to the Town Manager's Office, you must also send this page by mail so that the town will have an original signature on file.*

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

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