

# APPLICATION FOR EMPLOYMENT

Route 37, Village Green  
 New Fairfield, CT 06812  
 (203) 746-5994



## PERSONAL INFORMATION

Position applying for \_\_\_\_\_

Full legal name \_\_\_\_\_  
Last Middle First

Address \_\_\_\_\_  
Street

\_\_\_\_\_ Town State Zip

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Date you can start \_\_\_\_\_

Are you able, at the time of employment to submit verification of your legal right to work in the U.S.?  
 Verification and completion of the I-9 form must be submitted no later than 3 business days after date of hire.  
 \_\_\_ Yes \_\_\_ No

## EDUCATION

Check highest grade of high school completed: \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ GED

Name and location of high school attended \_\_\_\_\_

Name and location of institutions attended post high school

	Hrs	Degree Received	Major or Specialty	Dates Attended
1. _____				
2. _____				
3. _____				

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

## EXPERIENCE

Starting with the most recent, describe all paid and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

May we contact your present supervisor? \_\_\_ Yes \_\_\_ No

1. Job Title \_\_\_\_\_ Duties: \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_

2. Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

3. Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

Please use this space for any additional information you feel would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT CERTIFICATION**

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment is on an employment-at-will basis. This means that employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason.

I further understand that I am responsible for being familiar with the company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the company, I consent to such changes.

I certify that the above information is accurate and complete to the best of my knowledge. I understand that any falsification, misrepresentation or other omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company to confirm all statements contained in this application and/or resume to the extent permitted by law. I agree to complete any requisite authorization forms. I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_