



TOWN OF NEW CANAAN

Department of Human Resources
New Canaan Town Hall
77 Main Street
New Canaan, CT 06840

FOR USE BY
HUMAN RESOURCES

EMPLOYMENT APPLICATION

-An Equal Opportunity Employer-

This form must be fully completed in ink and signed for further consideration. (A resume must be included.)

Applying For

Name or type of position:	Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Have you previously filed an application with the Town of New Canaan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list position and date:	

Personal Information

Last Name:	First Name:	Middle Int.:
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, can you provide required proof of eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other name(s) under which you have been employed or attended school:		
Mailing Address (P.O. Boxes are not acceptable) Street:	City:	State: Zip Code:
List any previous address: _____ _____ _____		
Home Phone: () -	Work Phone: () -	Cell Phone: () -
Preferred #: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	Do you have a valid Connecticut Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we check your references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you are available to start? ___/___/___	

Have you been convicted of any offenses other than minor traffic violations in the last 3 years? Yes No
If yes, please explain: _____

- The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found (cont'd) not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.
- We consider applicants without regard to age, race, color, sex, national origin, or any other legally protected status in accordance with state and federal law.

Education

High School	Name: _____ Location: _____	From: _____ To: _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College or Technical School	Name: _____ Location: _____	From: _____ To: _____	Degree/Certificate: _____ Major Area of Study: _____
Other Education or Training	Name: _____ Location: _____	From: _____ To: _____	Degree/Certificate: _____ Major Area of Study: _____
Other Education or Training	Name: _____ Location: _____	From: _____ To: _____	Degree/Certificate: _____ Major Area of Study: _____
Other Education or Training	Name: _____ Location: _____	From: _____ To: _____	Degree/Certificate: _____ Major Area of Study: _____

Describe any skills you possess, licenses you have obtained or specialized training/achievements you have had which you believe would be relevant to the position for which you are applying:

Employment Information

Current Employer:		May we contact them for <input type="checkbox"/> Yes employment verification? <input type="checkbox"/> No	
Street Address:		City:	State: Zip Code:
Supervisor's Name:		Supervisor's Title:	Supervisor's Phone #: () -
Date Hired: ____/____/____	Current Job Title:	Current Salary: \$	Hours Per Week:
Indicate any promotions or changes of job title: <hr/> <hr/>			
Last salary increase - Date: ____/____/____ Amount: \$ _____			
Reason for leaving: <hr/> <hr/>			
Describe position duties: <hr/> <hr/> <hr/> <hr/> <hr/>			

Employment History

List your work experience, beginning with the most recent. You may attach additional information if you desire.

Former Employer:				Business Phone: () -		Hire Date: ____/____/____		Termination Date: ____/____/____	
Street Address:			City:			State:		Zip Code:	
Supervisor's Name:			Supervisor's Title:			Supervisor's Phone #: () -			
Starting Position Title:			Starting Salary: \$		Ending Position Title:			Ending Salary: \$	
Reason for leaving:									
Describe position duties:									
Former Employer:				Business Phone: () -		Hire Date: ____/____/____		Termination Date: ____/____/____	
Street Address:			City:			State:		Zip Code:	
Supervisor's Name:			Supervisor's Title:			Supervisor's Phone #: () -			
Starting Position Title:			Starting Salary: \$		Ending Position Title:			Ending Salary: \$	
Reason for leaving:									
Describe position duties:									
Former Employer:				Business Phone: () -		Hire Date: ____/____/____		Termination Date: ____/____/____	
Street Address:			City:			State:		Zip Code:	
Supervisor's Name:			Supervisor's Title:			Supervisor's Phone #: () -			
Starting Position Title:			Starting Salary: \$		Ending Position Title:			Ending Salary: \$	
Reason for leaving:									
Describe position duties:									

Personal References

Please list three references. Use supervisors, co-workers, instructors, etc. who are familiar with your work. Do not list relatives or Town of New Canaan employees.

Name:	How you are acquainted:	Phone #: () -
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Name:	How you are acquainted:	Phone #: () -

Are you related to any Town of New Canaan employee? Yes No

If yes, indicate who, your relationship and their position:

Certification

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and believe, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I give approval for the Town of New Canaan to inquire into my education, employment and personal references. If I do not wish to have specific references checked, I will give the Director of Human Resources prior written notification of same. I also understand that I must successfully pass any required qualifying test(s) for this position, including, but not limited to, a pre-employment medical exam, physical agility test, and a drug-screening test, as applicable.

SIGNATURE OF APPLICANT

DATE