

**TOWN OF GRISWOLD**  
*EQUAL OPPORTUNITY EMPLOYER*  
**APPLICATION FOR EMPLOYMENT**

Print Form

Reset Form

Town Hall - Office of the First Selectman  
P.O. Box 369  
28 Main Street  
Jewett City, CT 06351  
Phone: 860-376-7060 ext. 2201

**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HomePhone \_\_\_\_\_ Cell Phone \_\_\_\_\_ EmailAddress \_\_\_\_\_  
Date Available \_\_\_\_\_ Social Security No \_\_\_\_\_ Desired Salary \_\_\_\_\_  
Position Applied for \_\_\_\_\_  
Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the United States?  Yes  No  
Have you ever worked for this company?  Yes  No If so, when? \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Address \_\_\_\_\_  
Did you graduate?  Yes  No Degree \_\_\_\_\_  
College \_\_\_\_\_ Address \_\_\_\_\_  
Did you graduate?  Yes  No Degree \_\_\_\_\_  
Other \_\_\_\_\_ Address \_\_\_\_\_  
Did you graduate?  Yes  No Degree \_\_\_\_\_

**REFERENCES**

Please List Three Professional References

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference ?  Yes  No

Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference ?  Yes  No

Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference ?  Yes  No

Company \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

My we contact your previous supervisor for a reference ?  Yes  No

## OTHER EXPERIENCE AND TRAINING

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowlege.  
If this application leads to employment, I understand that false or misleading information in my application or intrview  
may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

We request that you fill in the following information in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or of your being considered for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion or disability.

**Do not include your name on this page.**

Date of Birth

Position \_\_\_\_\_

\_\_\_\_\_  
(Month) (Day) (Year)

Gender

Male Female

**How did you learn about this position?**

- Electronic/computer posting
- Paper vacancy posting
- Newspaper
- Other: \_\_\_\_\_

**ETHICGROUP**

- White (non-Hispanic; includes Arabians)
- Black (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian decent )
- Hiispanic (includes persons of mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin/culture)
- Asian (includes Pacific Islanders, Pakistanis and Indians)
- American Indian (includes Alaskan natives)
- Other (if you feel you do not fit into one of the above catorgires please elaborate) \_\_\_\_\_

**DISABILITY** - Information reported on this form will be kept confidential as required by law.

As defined by the Americans with Disabilities Act (1990), "Disability means with respect to an individual, (1) a physical or mental impairment that substantially limits one or more of the major life activites of such individual; (2) a record of such impairment, or (3) being regarded as having such an impairment:

Are you an individual with a disability, as defined above? if YES, check all that apply.

- |                                                                                                                                                 |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> None/Prefer not to report                                                                                     | <b>G</b> <input type="checkbox"/> Respiratory impairment               |
| <b>B</b> <input type="checkbox"/> Blind or severely visually impaired                                                                           | <b>H</b> <input type="checkbox"/> Nervous system/Neurological disorder |
| <b>C</b> <input type="checkbox"/> Deaf or severely hearing impaired                                                                             | <b>i</b> <input type="checkbox"/> Mentally restored                    |
| <b>D</b> <input type="checkbox"/> Loss or limited use of arms and/or hands                                                                      | <b>j</b> <input type="checkbox"/> Mental retardation                   |
| <b>E</b> <input type="checkbox"/> Non-ambulatory (must use a wheelchair)                                                                        | <b>K</b> <input type="checkbox"/> Learning Disability                  |
| <b>F</b> <input type="checkbox"/> Other orthopedic impairment (including amputation, artiritis, back injury, cerebral palsy, spina bifida, etc) | <b>L</b> <input type="checkbox"/> Other (please specify) _____         |

**MILITARY SERVICE**

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training

Yes  No

If YES, do you wish to declare a service-connected disability?  Yes  No

If YES, are you a Vietnam  , a Desert Storm/Shield  , or other  veteran (please specify) \_\_\_\_\_

Are you a member of the Military Reserves?  Yes  No

If YES, please provide your Branch \_\_\_\_\_ and Rank: \_\_\_\_\_