APPLICATION FOR EMPLOYMENT

The Mattabassett District

245 Main Street Cromwell, CT 06416

INSTRUCTIONS: Type or print answers to ALL questions.

| POSITION(s) APPLYING FOR: | | | DAT | DATE: | | | | | | | |
|--|---|-------------------|----------------------------|------------|------------|---------------------------------------|--------|----------------------------|---------------------|------|--------------------------|
| NAME (Last) | NAME (Last) | | | (First) | | | | | (MI) | PREF | FIX/SUFFIX (Dr., Jr.) |
| ADDRESS (N | lumber and Stree | et) | | | | | | | | | |
| CITY STATE | | | | | ZIP | ZIP CODE (Last 4 digits are optional) | | | | | |
| HOME PHON | | | BUSINESS PHONE NUMBER EXT. | | | | | EXT. | | | |
| CELL PHONE | NUMBER: (_ |) | | | (| |) | | | | |
| May we call y | | | YES | NO Number: | | | Class: | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| LDOCATION | EDUCATION: Did you graduate from High School? YES NO Put a check mark next to highest grade COMPLETED: If No, have you passed a G.E.D. test? YES NO 6 7 8 9 10 11 12 | | | | | | | | | | |
| SCHOOL | N/ | AME | ADDRES | SS | DATES AT | TEND | ED | DID YOU GRAD- UATE ? | TYPI DEG RECE | REE | MAJOR COURSE OF STUDY |
| TECHNICAL OR BUSINESS | - | | | | | | | | | | |
| COLLEGE OR UNIVERSITY | , | | | | | | | | | | |
| OTHER EDUCATION | ١ | | | | | | | | | | |
| OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION | | | | | | | | | | | |
| KIND(S) | ISSUED BY | DAT | E ISSUED | EXPIR | RATION DAT | E | NO. | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| *Do you speak, read or write a IF "YES" (speagage other than English? | | ES" (specify lang | cify language) | | | | | | | | |
| YES NO (This information is voluntary unless required by the position announcement.) | | | | | | | | | | | |

| NAME: | | | | | | | | |
|---------------------------------------|---|----------------------|-------------------------------------|------------------------------------|--|--|--|--|
| | | Employm | nent Experie | ence | | | | |
| or employment. List all p | RECENT employment and vositions (titles) separately, eon completely even if a res | ven if with the sa | ame employer. Cle | is held whi early descri | ich are necessary for determining your eligibility ibe the work (duties) you personally performed. You | | | |
| Official Job Title | | Company Name | | | Type of Business | | | |
| Name/Title of Immediate S | Supervisor | Dept. Where Assigned | | | Business Address/Phone No. | | | |
| Employed From: (Mo.) (Yr.) | Total (Yrs. Mos.) | | | | | | | |
| | Mo.) (Yr.) (Mo.) (Yr.) (113. Mos.) Number of Employees Supervised by You | | | | Reason for Leaving (must be listed) | | | |
| DUTIES (must be listed) | | | | | | | | |
| Official Job Title | Company Nam | ne | | Type of Business | | | | |
| Name/Title of Immediate S | Supervisor | Dept. Where Assigned | | | Business Address/Phone No. | | | |
| Employed From: (Mo.) (Yr.) | To: (Mo.) (Yr.) | Total (Yrs. Mos.) | | | | | | |
| Number of Employees Sup | Dervised by You | | Reason for Leaving (must be listed) | | | | | |
| DUTIES (must be listed) | | | | | | | | |
| Official Job Title | , | Company Name | | | Type of Business | | | |
| Name/Title of Immediate S | Supervisor | Dept. Where Assigned | | | Business Address/Phone No. | | | |
| Employed From: (Mo.) (Yr.) | To: (Mo.) (Yr.) | Total (Yrs. Mos.) | | | | | | |
| Number of Employees Supervised by You | | | Reason for Leaving (must be listed) | | | | | |
| DUTIES (must be listed) | | | | | | | | |
| | | | | | | | | |

| | | Employn | nent Experience | | | |
|---|---|--|---|--|--|--|
| or employment. List all | RECENT employment an positions (titles) separatel tion completely even if a | nd working backway, even if with the s | ard, list all positions held whame employer. Clearly desc | nich are necessary for determining your eligit ribe the work (duties) you personally performed. | | |
| Official Job Title | | Company Nam | ne | Type of Business | | |
| Name/Title of Immediate | Supervisor | Dept. Where A | Assigned | Business Address/Phone No. | | |
| Employed From: | То: | Total (Yrs. Mos.) | | | | |
| (Mo.) (Yr.) | (Mo.) (Yr.) | (113. WIOS.) | | | | |
| Number of Employees So | pervised by You | | Reason for Leaving (must be listed) | | | |
| DUTIES (must be listed) | | | | | | |
| | | | | | | |
| | | | | | | |
| Official Job Title | | Company Non | | Type of Dusiness | | |
| Jiliciai Job Tille | | Company Nan | ne | Type of Business | | |
| Name/Title of Immediate | Supervisor | Dept. Where A | Assigned | Business Address/Phone No. | | |
| Employed From: To: Total | | | | | | |
| (Mo.) (Yr.) | (Mo.) (Yr.) | (Yrs. Mos.) | | | | |
| Number of Employees Supervised by You | | | Reason for Leaving (must be listed) | | | |
| DUTIES (must be listed) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Official Job Title Company N | | | ne | Type of Business | | |
| | Supervisor | Dept. Where A | Assigned | Business Address/Phone No. | | |
| Name/Title of Immediate | | Total | | 1 | | |
| | To: | (Yrs. Mos.) | | | | |
| Employed From: | To: (Mo.) (Yr.) | | | | | |
| Name/Title of Immediate Employed From: (Mo.) (Yr.) Number of Employees Si | (Mo.) (Yr.) | | Reason for Leaving (must I | pe listed) | | |

| NAME: | | | | | | | |
|--|----------------------------------|--|--|--|--|--|--|
| CERTIFICATION | | | | | | | |
| The Mattabassett District is committed to a drug/alcohol-free work environment. The nature of its services r capable of performing the functions of their employment position while free from the influence of any drug/alcohol psychological effects. You may be asked to take a drug screening test. Smoking is restricted. It is prohibited in bu | with physical or mind-altering | | | | | | |
| understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the District and myself for either employment of for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the District unless made in writing. If an employment elationship is established, I understand that I have the right to terminate my employment at any time and that the District has that same right. | | | | | | | |
| I understand that prior to being offered employment with the District I will be required to take an employment examination | | | | | | | |
| If a driver's license is required for the job I am offered, I will submit a certified copy of my Department of Motor Vehicle driving history prior to any interview. Upon request, I will provide to the Human Resources Department proof of any/all educational degrees and certificates. | | | | | | | |
| I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for disqualifying me from employment, or for dismissing me after I have begun employment. statement of fact or incomplete answer, I am subject to disqualification and dismissal and to such penalties as may be prescribed by law or personnel regulations. I understand that all statements made on this application, including employment information, are subject to verification as a condition of employment. | | | | | | | |
| I waive all rights I might have against all employers and other persons providing information concerning my charand record of employment. | racter, abilities, work behavior | | | | | | |
| SIGNEDDATE | | | | | | | |
| Do we have your permission to contact your <u>present</u> employer? YES NO | | | | | | | |
| Do we have permission to conduct a background check of your qualifications, education, character and record of employment? YES NO | | | | | | | |
| Attach any additional qualifications, experience, training and/or skills you may have that would enhance employment. | your candidacy for | | | | | | |
| | | | | | | | |
| FOR HUMAN RESOURCES USE ONLY | DATE STAMP | | | | | | |
| Date of Interview: Internal Candidate: External Candidate: | | | | | | | |
| Interviewer: | | | | | | | |
| COMMENTS: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

THE MATTABASSETT DISTRICT Equal Opportunity Information

COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT OF EMPLOYMENT

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested is for the purpose of our compliance with these record-keeping requirements. **This information is confidential and separated from your application.** The Mattabassett District reaffirms its policy of equal employment opportunity for all qualified individuals without discrimination against any applicant or employee who is a member of any legally protected status, on the basis of, but not necessarily limited to: race, color, religion, age, marital status, sex, special disabled veterans and veterans of the Vietnam era, national origin, ancestry, sexual orientation, blindness, or any disability when such applicant or employee can, with reasonable accommodation, perform the essential functions of the job. Underscoring this policy is our strong concern for our employees' dignity and well being and our commitment to provide for a safe, productive and professional work environment.

| 1. <u>SEX:</u> | | |
|---|---------------------------|-------|
| Female | | |
| Male | | |
| | | |
| 2. ETHNIC GROUP: | | |
| Caucasian (Non-Hispanic Origin) | Asian or Pacific Islander | |
| African American (Non-Hispanic Origin) | Hispanic | Other |
| | | |
| 3. HOW DID YOU HEAR ABOUT THIS POSITION | ON? | |
| Hartford Courant | Careerbuilder.com | |
| Manataraam | Web Site | |
| Monster.com | Web Site | |
| Employee | | |
| Walk–in | | |
| Publication/Newspaper (please specify) _ | _ | |
| Professional Organization (please specify | /) | |
| Internet (please specify) | | |
| Other (please specify) | | |
| | | |
| I CERTIFY THAT THE ABOVE INFORMATION | IS CORRECT | |
| Name: | Position Applying For: | |
| Address: | City/State/Zip: | |
| Signature: | Date: | |