

**APPLICATION FOR EMPLOYMENT**

**The Mattabasset District**

245 Main Street  
Cromwell, CT 06416

**INSTRUCTIONS: Type or print answers to ALL questions.**

|   |   |   |                                       |  |
|---|---|---|---------------------------------------|--|
| POSITION(s) APPLYING FOR:                   |   |   |                                       |  |
| NAME (Last)                                 | (First)   | (MI)  | PREFIX/SUFFIX (Dr., Jr.)              |  |
| ADDRESS (Number and Street)                 |   |   |                                       |  |
| CITY  |   | STATE   | ZIP CODE (Last 4 digits are optional) |  |
| HOME PHONE NUMBER: ( _____ ) _____ - _____  |   | BUSINESS PHONE NUMBER _____ EXT. _____            |                                       |  |
| CELL PHONE NUMBER: ( _____ ) _____ - _____  |   | ( _____ ) _____ - _____                           |                                       |  |
| May we call you at work?<br><br>YES      NO | Driver's License<br><br>YES      NO<br><br>If "Yes" State _____ | Number: _____ Class: _____<br>Endorsements: _____ |                                       |  |

Answers to the following questions will be considered for examination/employment purposes if relevant to the position for which you are applying.

Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you? Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law. (You are not required to disclose existence of any arrest, criminal charge or conviction that has been erased). Yes      No

If "YES", please attach a detailed explanation about the nature of conviction, degree of rehabilitation and time since release.

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                | NAME | ADDRESS | DATES ATTENDED |    | DID YOU GRADUATE ? | TYPE OF DEGREE RECEIVED | MAJOR COURSE OF STUDY |
|-----------------------|------|---------|----------------|----|--------------------|-------------------------|-----------------------|
|                       |      |         | FROM           | TO |                    |                         |                       |
| TECHNICAL OR BUSINESS |      |         |                |    |                    |                         |                       |
| COLLEGE OR UNIVERSITY |      |         |                |    |                    |                         |                       |
| OTHER EDUCATION       |      |         |                |    |                    |                         |                       |

| OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION                      |           |   |                 |     |
|--|-----------|---|-----------------|-----|
| KIND(S)  | ISSUED BY | DATE ISSUED   | EXPIRATION DATE | NO. |
|  |           |   |                 |     |
|  |           |   |                 |     |
| *Do you speak, read or write a language other than English?<br><br>YES      NO |           | IF "YES" (specify language)<br><br>_____<br>(This information is voluntary unless required by the position announcement.) |                 |     |

NAME: \_\_\_\_\_

## Employment Experience

Continue with your **MOST RECENT** employment and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

|                                       |                         |                         |  |   |  |  |
|---------------------------------------|-------------------------|-------------------------|--|---|--|--|
| Official Job Title                    |                         | Company Name            |  | Type of Business  |  |  |
| Name/Title of Immediate Supervisor    |                         | Dept. Where Assigned    |  | Business Address/Phone No.                              |  |  |
| Employed From:<br>(Mo.)      (Yr.)    | To:<br>(Mo.)      (Yr.) | Total<br>(Yrs.    Mos.) | Salary or Wage (Starting)<br>\$                      Per | Salary or Wage (Present)<br>\$                      Per | Hours Per Week<br>(Full time)<br>(Part-time) |  |
| Number of Employees Supervised by You |                         |                         | Reason for Leaving (must be listed)                      |   |  |  |
| DUTIES (must be listed)               |                         |                         |  |   |  |  |

|                                       |                         |                         |  |   |  |  |
|---------------------------------------|-------------------------|-------------------------|--|---|--|--|
| Official Job Title                    |                         | Company Name            |  | Type of Business  |  |  |
| Name/Title of Immediate Supervisor    |                         | Dept. Where Assigned    |  | Business Address/Phone No.                              |  |  |
| Employed From:<br>(Mo.)      (Yr.)    | To:<br>(Mo.)      (Yr.) | Total<br>(Yrs.    Mos.) | Salary or Wage (Starting)<br>\$                      Per | Salary or Wage (Present)<br>\$                      Per | Hours Per Week<br>(Full time)<br>(Part-time) |  |
| Number of Employees Supervised by You |                         |                         | Reason for Leaving (must be listed)                      |   |  |  |
| DUTIES (must be listed)               |                         |                         |  |   |  |  |

|                                       |                         |                         |  |   |  |  |
|---------------------------------------|-------------------------|-------------------------|--|---|--|--|
| Official Job Title                    |                         | Company Name            |  | Type of Business  |  |  |
| Name/Title of Immediate Supervisor    |                         | Dept. Where Assigned    |  | Business Address/Phone No.                              |  |  |
| Employed From:<br>(Mo.)      (Yr.)    | To:<br>(Mo.)      (Yr.) | Total<br>(Yrs.    Mos.) | Salary or Wage (Starting)<br>\$                      Per | Salary or Wage (Present)<br>\$                      Per | Hours Per Week<br>(Full time)<br>(Part-time) |  |
| Number of Employees Supervised by You |                         |                         | Reason for Leaving (must be listed)                      |   |  |  |
| DUTIES (must be listed)               |                         |                         |  |   |  |  |

NAME: \_\_\_\_\_

## Employment Experience

Continue with your **MOST RECENT** employment and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

|                                       |                    |                      |                                     |                                    |  |
|---------------------------------------|--------------------|----------------------|-------------------------------------|------------------------------------|--|
| Official Job Title                    |                    | Company Name         |                                     | Type of Business                   |  |
| Name/Title of Immediate Supervisor    |                    | Dept. Where Assigned |                                     | Business Address/Phone No.         |  |
| Employed From:<br>(Mo.) (Yr.)         | To:<br>(Mo.) (Yr.) | Total<br>(Yrs. Mos.) | Salary or Wage (Starting)<br>\$ Per | Salary or Wage (Present)<br>\$ Per | Hours Per Week<br>(Full time)<br>(Part-time) |
| Number of Employees Supervised by You |                    |                      | Reason for Leaving (must be listed) |                                    |  |
| DUTIES (must be listed)               |                    |                      |                                     |                                    |  |

|                                       |                    |                      |                                     |                                    |  |
|---------------------------------------|--------------------|----------------------|-------------------------------------|------------------------------------|--|
| Official Job Title                    |                    | Company Name         |                                     | Type of Business                   |  |
| Name/Title of Immediate Supervisor    |                    | Dept. Where Assigned |                                     | Business Address/Phone No.         |  |
| Employed From:<br>(Mo.) (Yr.)         | To:<br>(Mo.) (Yr.) | Total<br>(Yrs. Mos.) | Salary or Wage (Starting)<br>\$ Per | Salary or Wage (Present)<br>\$ Per | Hours Per Week<br>(Full time)<br>(Part-time) |
| Number of Employees Supervised by You |                    |                      | Reason for Leaving (must be listed) |                                    |  |
| DUTIES (must be listed)               |                    |                      |                                     |                                    |  |

|                                       |                    |                      |                                     |                                    |  |
|---------------------------------------|--------------------|----------------------|-------------------------------------|------------------------------------|--|
| Official Job Title                    |                    | Company Name         |                                     | Type of Business                   |  |
| Name/Title of Immediate Supervisor    |                    | Dept. Where Assigned |                                     | Business Address/Phone No.         |  |
| Employed From:<br>(Mo.) (Yr.)         | To:<br>(Mo.) (Yr.) | Total<br>(Yrs. Mos.) | Salary or Wage (Starting)<br>\$ Per | Salary or Wage (Present)<br>\$ Per | Hours Per Week<br>(Full time)<br>(Part-time) |
| Number of Employees Supervised by You |                    |                      | Reason for Leaving (must be listed) |                                    |  |
| DUTIES (must be listed)               |                    |                      |                                     |                                    |  |



**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. AGE:**

16 or less

17 to 25

26-40

41 to 65

66 or older

**2. SEX:**

Female

Male

**3. ETHNIC GROUP:**

Caucasian (Non-Hispanic Origin)

Asian or Pacific Islander

African American (Non-Hispanic Origin)

Hispanic

Other

**4. HOW DID YOU HEAR ABOUT THIS POSITION?**

Hartford Courant

Careerbuilder.com

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: \_\_\_\_\_