



TOWN OF WILTON APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin or other protected classification. We are an equal opportunity employer.

POSITION APPLYING FOR: _____

NAME: _____

DATE: _____

ADDRESS: _____

TEL NO: _____

Are you over 18 years of age? YES NO

Are you authorized to work in the U.S. on an unrestricted basis? YES NO

How did you learn of this opportunity? _____

Have you worked here previously? YES NO

Have you been told of the essential functions of the job or have you been shown a copy of the job description listing the essential functions? YES NO

Can you perform these essential functions with or without reasonable accommodations?

Are there any hours, shifts, or days you cannot or will not work? _____

Part-time Full-time

Are you willing to work overtime as required? YES NO

<u>EDUCATION</u>	<u>NAME & LOCATION</u>	<u>YEAR GRADUATED</u>	<u>MAJOR</u>	<u>DIPLMA/ DEGREE</u>
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High School: _____

College/University: _____

College/University: _____

Other Training/Education: _____

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially fit you for work with our company?

WORK HISTORY

Most Recent Employer

Address

Tel No.

Date Started: _____ Starting Position: _____

Date Left: _____ Position on Leaving: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for leaving: _____

May we contact your present employer? YES NO

Previous Employer

Address

Tel No.

Date Started: _____ Starting Position: _____

Date Left: _____ Position on Leaving: _____

Name and Title of Supervisor: _____

Description of Duties: _____

Reason for leaving: _____

APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for Employment are true and complete to the best of my knowledge; I understand that if I am employed, false statements, commissions or misrepresentations may result in my dismissal. I authorize the company to make an investigation of any of the facts set forth in this application and release from any liability both the Company and those who supply reference information.

Date: _____

Applicant's Signature: _____