

# Application for Employment

Town of Sprague  
1 Main St. P.O. Box 677  
Baltic, CT 06330

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.**

(Please Print)

Position(s) applied for	Date of Application
-------------------------	---------------------

How did you learn about us?

Advertisement\_\_\_\_\_Friend\_\_\_\_\_Walk-in\_\_\_\_\_  
Employment Agency\_\_\_\_\_Relative\_\_\_\_\_Other\_\_\_\_\_

Last Name	First Name	Middle Name		
Address number	Street	City	State	Zip Code
Telephone Number	E-Mail Address:			

If you are under 18 yrs. of age, can you provide required proof of yur eligibility to work? Yes\_\_\_\_ No\_\_\_\_

Have you ever filed an application with us before? Yes\_\_\_\_ No\_\_\_\_

Are you currently employed? Yes\_\_\_\_ No\_\_\_\_

May we contact your present employer? Yes\_\_\_\_ No\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*

Yes\_\_\_\_ No\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time\_\_\_\_ Part Time\_\_\_\_ Temporary\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes\_\_\_\_ No\_\_\_\_

Can you travel if a job requires it? Yes\_\_\_\_ No\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

EDUCATION					
School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate ?	List Diploma or Degree
Elementary		N/A	5 6 7 8	yes	N/A
				no	
High			1 2 3 4	yes	
				no	
College			1 2 3 4	yes	
				no	
Other			1 2 3 4	yes	
				no	

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

	Dates Employed	
1 <b>Employer</b> _____	Dates Employed	Work Performed
Address _____	From: _____	_____
Tele.# _____	To: _____	_____
Job Title _____	Hrly. Rate _____	_____
Supervisor _____	Salary _____	_____
Reason for Leaving _____		
2 <b>Employer</b> _____	Dates Employed	
Address _____	From: _____	_____
Tele.# _____	To: _____	_____
Job Title _____	Hrly. Rate _____	_____
Supervisor _____	Salary _____	_____
Reason for Leaving _____		
3 <b>Employer</b> _____	Dates Employed	
Address _____	From: _____	_____
Tele.# _____	To: _____	_____
Job Title _____	Hrly. Rate _____	_____
Supervisor _____	Salary _____	_____
Reason for Leaving _____		
4 <b>Employer</b> _____	Dates Employed	
Address _____	From: _____	_____
Tele.# _____	To: _____	_____
Job Title _____	Hrly. Rate _____	_____
Supervisor _____	Salary _____	_____
Reason for Leaving _____		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

---



---



---

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

## For Personnel Department Use Only

Arrange Interview    yes\_\_\_\_  no\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed            yes\_\_\_\_  no\_\_\_\_    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_