Town of Bolton



222 BOLTON CENTER ROAD • BOLTON, CT 06043 TELEPHONE (860) 649-8066 Fax (860) 643-0021

## **APPLICATION FOR EMPLOYMENT**

PERSONAL

Legal Name:						Date:	
	Last		First	Middl	e		
Position(s) appli	ed for:			Email Add	lress:		
Legal Address: _						Telephone #:	
	No.	Street	City	State	Zip		
	-					you over the age of 18	
	_	-	_				
Were you previo	ously empl	oyed by the	Fown?	If yes	s, when?		
How long would	you need	following a c	conditional job offer	before you could	start workir	ng?	
Are there experi	ences, skil	lls, or qualifi	cations which you fee	el would especial	ly fit you for	work with our organiz	ation?
List any licenses	or certific	cations which	n you possess which a	are relevant to th	is applicatio	n:	
Driver's License	e#:			State:		Туре:	
			ED	UCATION			
How many years of schooling have you fully completed at each level?			Name and Address of School Attended		nded	Graduation Date (if applicable)	Diploma or Degree Title ( <i>if applicable</i> )
Middle School							
High School							
College							
Graduate							
Other							
Were you in U.S Rank at dischar;							·

List duties in the service including special training: \_

## LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR CURRENT/MOST RECENT

Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
	Describe your p	osition's duties	:	
Your Title:				
Company Phone Number:	-			
Company r none Number.				

Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
	Describe your p	osition's duties:		
X7				
Your Title:				
Company Phone Number:				

Company Name & Address:	Date Started:	Date Ended:	Reason for Leaving:	Name & Title of Supervisor:
	D			
	Describe your p	osition's duties:		
Your Title:				
Company Phone Number:				

If you have worked jobs aside from the three listed above, please list additional experience on a resume and attach to this application.

## PERSONAL REFERENCES (Aside from above-listed Employers or any Relatives)

Name and Occupation	Address	Email Address	Phone Number
1.			
2.			
3.			

By typing or signing my name below, I hereby certify that there are no misrepresentations, omissions or falsifications in the statements and answers provided on this application, and that the answers are true, complete and accurate to the best of my knowledge, all information provided is subject to verification. Inaccuracies or incomplete statements may bar further consideration of your application or, if discovered after you are hired may result in dismissal from employment. I authorize the Town of Bolton to contact any of the educators, employers and references listed on the application and authorize such educators, employers and references to release to the Town of Bolton any and all information (including documents and/or other records) regarding my education, employment history or other matter related to my application for employment with the Town of Bolton.

**Applicant's Signature** 

Date

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin. This application is kept on file for a period of one year after submittal.

A cover letter and resume are required, along with any other documents requested in the job posting, in order for an application package to be considered complete. Incomplete applications may not be considered for hire. Complete applications may be submitted via mail to Town Hall, via email, or online. Please visit our website for more information or to ask questions.