

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	Middle	!					
Position(s) applied for:								
Legal Address:	City	State	Zip	_ Telephone #:				
Are you legally eligible for employ	ment in the United States?		Are yo	ou over the age of 18°	?			
What method of transportation w	ill you use to get to work?							
Were you previously employed by the Town? If yes, when?								
How long would you need following	ng a conditional job offer b	efore you could	start working?	!				
Are there experiences, skills, or qu	ualifications which you feel	would especially	y fit you for wo	ork with our organiz	ation?			
	<u> </u>							
List any licenses or certifications v	which you possess which ar	e relevant to thi	s application:					
Driver's License #:		State:		Type:				
	EDU	CATION						
How many years of schooling have you fully completed at each level?	Name and Address of School Attended			Graduation Date (if applicable)	Diploma or Degree Title (if applicable)			
Middle School								
High School								
College								
Graduate								
Other								
Were you in U.S. Armed Forces?	MILITARY S			-1	•			
Rank at discharge:								
List duties in the service including								

LIST PRESENT AN	ND PAST E	EMPLOYM	ENT, BEG	INNING WITH Y	OUR CURRE	NT/MOST RECENT	
Company Name & Address:		Date Started:	Date Ended:	Reason for Leaving:		Name & Title of Supervisor:	
	-	Describe your position's duties:					
Your Title:							
Company Phone Number:							
Company Fnone Number:							
Company Name & Address:		Date Started:	Date Ended:	Reason for Leaving:		Name & Title of Supervisor:	
	-	Describe your	oosition's duties				
Your Title:							
Company Phone Number:							
Company Name & Address:		Date Started:	Date Ended:	Reason for Leaving:		Name & Title of Supervisor:	
Company Name & Mariess.		Date Starteu.	Date Ended.	Reason for Leaving.		Traine & True of Supervisor.	
	-						
Your Title:		Describe your p	position's duties	:			
Tour Title.							
Company Phone Number:							
If you have worked	d jobs aside fror	n the three listed	l above, please li	st additional experience o	n a resume and attack	to this application.	
Name and Occupation	RSONAL RI	EFERENCES Address	S (Aside from	above-listed Employ Email Ac		Phone Number	
1.							
1.							
2.							
3.							
By typing or signing my name l		•	_			_	
on this application, and that the Inaccuracies or incomplete state	tements may ba	ar further consid	leration of your	application or, if discove	ered after you are hir	ed may result in dismissal fror	
employment. I authorize the Te employers and references to re							
employment history or other ma						- 0 -	
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.