

TOWN OF SOUTHBURY - PARKS AND RECREATION

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire | An Equal Opportunity Employer

This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate as such.

PERSONAL INFORM						
NAME (First, Middle, L	ast)					
ADDRESS (Street, City,	State, Zip)					
HOME PHONE	CELL PHONE		EMAIL			
EMPLOYMENT						
Positions desired (che	ck all that applies)					
CAMP (Summer)		В	ASKETBALL (Wint	AQUATICS (Seasonal)		
 ☐ Assistant Camp Director (Adventure Camp) ☐ Assistant Camp Director (Teenscape) ☐ STEM Activity Specialist ☐ Camp Counselor ☐ Teenscape Counselor 		□ Clo	Clock Operator & Stats Keeper		☐ Lifeguard ☐ Cashier	
Have you ever been e	w? \square Yes \square No If yes, mployed with the town of Southborn	oury befor	re? □Yes □No	·	yer? □Yes □No	
Are you legally eligible for employment in the United States? ☐ Yes ☐ No						
Referred by: Employment Agency Newspaper Advertising Website Email Friend Walk-In						
EDUCATION	Name of School and Tow	/n	Number of years attended	Did you graduate?	Major	
HIGH SCHOOL						
COLLEGE						
TRADE, BUSINESS						

REFERENCES

Must be a non-relative over 21 years of age.

Name	Address		Phone number	Occupation			
1.	Address		Phone number	Occupation			
1.							
2.							
	<u> </u>		<u> </u>				
FORMER FAMIL OVERS							
FORMER EMPLOYERS List below your past employers.	starting with the most	recent. Continu	ue on a separate sheet if nece	ssarv.			
List below your past employers, starting with the most recent. Continue on a separate sheet if necessary.							
Name of present or last employ	yer						
Address							
Starting date	_ Leaving date	Job t	itle				
May we contact your supervisor? □Yes □No							
Name of supervisor		Title	Phone				
Description							
of work							
Reason for leaving							
Name of provious amployer							
Name of previous employer							
Address							
Starting date	_ Leaving date	Job t	itle	_			
May we contact your supervisor	r? □Yes □No						
Name of supervisor		_ Title	Phone				
Description							
of work							
Reason for leaving							

APPLICANT'S STATEMENT

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment.

I authorize the Town of Southbury (the "Town") to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy, including past employment.

I understand that, as part of the application process, the Town conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such background check, that I will fully cooperate and provide any information requested. understand that, as a condition of my consideration for employment with the Town, or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Town's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Town then as a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every State in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Town motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Town cannot insure me due to my motor vehicle operator history, my employment may be terminated.

APPLICANT'S SIGNATURE	DATE	
NOTE: A typed name will substitute for a handwritten sig	gnature.	

EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

Southbury (the "Town," any and all employment a personnel records, payroll records and any other doc	ereby authorize my previous employers to release to the Town of and personnel information requested, including, but not limited to uments of any nature in your possession, custody or control. I hereby
	any past, present and future employers, their employees and agents, closing, discussing or revealing any record or information concerning on to the Town.
APPLICANT'S SIGNATURE	DATE
NOTE: A typed name will substitute for a handwritt	en signature

A photocopy of this authorization and release is as valid as the original.