



TOWN OF SOUTHBURY  
**APPLICATION FOR EMPLOYMENT**  
 Pre-Employment Questionnaire | An Equal Opportunity Employer

**PERSONAL INFORMATION**

NAME (Last, First, Middle) \_\_\_\_\_

PRESENT ADDRESS (Street, City, State, Zip) \_\_\_\_\_

PERMANENT ADDRESS (Street, City, State, Zip) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER?  Yes  No

**EMPLOYMENT**

Position Desired \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now?  Yes  No      If yes, may we inquire of your present employer?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Referred by:  Employment Agency    Newspaper Advertising    Website    Email    Friend    Walk-In  
 State Employment Office    Other-Please Specify \_\_\_\_\_

<b>EDUCATION</b>	Name of School and Town	Number of years attended	Did you graduate?	Major
HIGH SCHOOL				X
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

**GENERAL**

Subjects of special study or research work \_\_\_\_\_

Special training \_\_\_\_\_

Special skills \_\_\_\_\_

Computer related experience \_\_\_\_\_

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**FORMER EMPLOYERS**

List below your past employers, starting with the most recent. Continue on a separate sheet if necessary.

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**Name of present or last employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Name of previous employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Name of previous employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Name of previous employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description  
of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Name of previous employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description  
of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**Name of previous employer** \_\_\_\_\_

Address \_\_\_\_\_

Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_ Job title \_\_\_\_\_

May we contact your supervisor?  Yes  No

Name of supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description  
of work \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**REFERENCES**

Please provide name, address, email address and telephone number of three references that are not related to you:

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Name	Address	Email address	Phone number
1.			
2.			
3.			

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**SERVICE RECORD**

Branch of service	Rank	Discharge date

**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. I 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 signature.**