



Town of Southbury

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First) _____

Address (Street, City, State, Zip Code) _____

Phone _____ Email _____

Are you 18 years or older? Yes No

Position applying for: _____

Date available: _____ Salary requirements: _____

Are you presently employed? Yes No

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

Have you previously been employed by the Town? If YES, when and for what position?

How did you hear about this position? _____

Referred by: _____

EMPLOYMENT

(List below your past employers, starting with the most recent.)

Name of present or previous employer _____

Address _____

Start Date _____ Leave Date _____ Position _____

Name/Title of Supervisor _____ Phone _____

May we contact your supervisor? Yes No

Reason for leaving _____

Name of present or previous employer _____

Address _____

Start Date _____ Leave Date _____ Position _____

Name/Title of Supervisor _____ Phone _____

May we contact your supervisor? Yes No

Reason for leaving _____

Name of present or previous employer _____

Address _____

Start Date _____ Leave Date _____ Position _____

Name/Title of Supervisor _____ Phone _____

May we contact your supervisor? Yes No

Reason for leaving _____

PROFESSIONAL REFERENCES

1. Name/Title _____

Company/Organization _____

Relationship to You _____ Phone Number _____

Email Address _____

2. Name/Title _____

Company/Organization _____

Relationship to You _____ Phone Number _____

Email Address _____

3. Name/Title _____

Company/Organization _____

Relationship to You _____ Phone Number _____

Email Address _____

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.