

APPLICATION FOR EMPLOYMENT

The Mattabasset District

245 Main Street

Cromwell, CT 06416

INSTRUCTIONS: Type or print answers to ALL questions.

POSITION(s) APPLYING FOR:		DATE:		
NAME (Last)		(First)	(MI)	PREFIX/SUFFIX (Dr., Jr.)
ADDRESS (Number and Street)				
CITY		STATE	ZIP CODE (Last 4 digits are optional)	
HOME PHONE NUMBER: (_____) _____ - _____		BUSINESS PHONE NUMBER _____ EXT. _____		
CELL PHONE NUMBER: (_____) _____ - _____		(_____) _____ - _____		
May we call you at work? YES NO	Driver's License YES NO If "Yes" State _____	Number: _____ Class: _____ Endorsements: _____		

EDUCATION: Did you graduate from High School? YES NO		Put a check mark next to highest grade COMPLETED:									
If No, have you passed a G.E.D. test? YES NO			6	7	8	9	10	11	12		

SCHOOL	NAME	ADDRESS	DATES ATTENDED FROM TO	DID YOU GRAD- UATE ?	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY
TECHNICAL OR BUSINESS						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION				
KIND(S)	ISSUED BY	DATE ISSUED	EXPIRATION DATE	NO.
*Do you speak, read or write a language other than English? YES NO		IF "YES" (specify language) (This information is voluntary unless required by the position announcement.)		

NAME: _____

Employment Experience

Continue with your **MOST RECENT** employment and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job Title		Company Name		Type of Business	
Name/Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.	
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)	Total (Yrs. Mos.)	Salary or Wage (Starting) Voluntary \$ Per	Salary or Wage (Present) Voluntary \$ Per	Hours Per Week (Full time) (Part-time)
Number of Employees Supervised by You			Reason for Leaving (must be listed)		
DUTIES (must be listed)					

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**THE MATTABASSETT DISTRICT
Equal Opportunity Information**

COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT OF EMPLOYMENT

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position applied for. The information requested is for the purpose of our compliance with these record-keeping requirements. **This information is confidential and separated from your application.** The Mattabassett District reaffirms its policy of equal employment opportunity for all qualified individuals without discrimination against any applicant or employee who is a member of any legally protected status, on the basis of, but not necessarily limited to: race, color, religion, age, marital status, sex, special disabled veterans and veterans of the Vietnam era, national origin, ancestry, sexual orientation, blindness, or any disability when such applicant or employee can, with reasonable accommodation, perform the essential functions of the job. Underscoring this policy is our strong concern for our employees' dignity and well being and our commitment to provide for a safe, productive and professional work environment.

1. AGE:

16 or less

17 to 25

26-40

41 to 65

66 or older

2. SEX:

Female

Male

3. ETHNIC GROUP:

Caucasian (Non-Hispanic Origin)

Asian or Pacific Islander

African American (Non-Hispanic Origin)

Hispanic

Other

4. HOW DID YOU HEAR ABOUT THIS POSITION?

Hartford Courant

Careerbuilder.com

Monster.com

Web Site

Employee

Walk-in

Publication/Newspaper (please specify) _____

Professional Organization (please specify) _____

Internet (please specify) _____

Other (please specify) _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Name: _____ Position Applying For: _____

Address: _____ City/State/Zip: _____

Signature: _____ Date: _____