

**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?	Driver's License		Number: _____ Class: _____	
YES      NO	YES      NO	Endorsements: _____		
If "Yes" State _____				


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		DID YOU GRADUATE ?	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY
			FROM	TO			
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?		IF "YES" (specify language)		
YES	NO	(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.)	
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. SEX:**

Female  
 Male

**2. ETHNIC GROUP:**

Caucasian (Non-Hispanic Origin)       Asian or Pacific Islander  
 African American (Non-Hispanic Origin)       Hispanic       Other

**3. 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: \_\_\_\_\_