

APPLICATION FOR EMPLOYMENT

TOWN OF EAST LYME

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of East Lyme to provide equal opportunity without regard to race, color, sex, religion, creed, national origin, ancestry, age, marital status, sexual orientation, political affiliation, or because the employee is a veteran or a qualified individual with a disability. All questions must be answered and application signed.

Last Name	First	Middle	Date				
E-mail Address			Phone Number				
Street Address							
City, State, Zip Code							
Have you ever worked for the Town of East Lyme?		Yes ___ No ___					
If Yes, indicate your dates of employment and your reasons for leaving:							
Position Desired			Pay Expected				
Can you furnish proof of your right to work in the U.S.A.? Yes ___ No ___							
When will you be available to begin work?							
When is the best time to reach you?			May we contact you at work?				
Driver's License Number: CDL License? Yes ___ No ___ If Yes, please describe:			Have you ever been bonded?				
Are you under 18 years of age? Yes ___ No ___ If Yes, state your date of birth: Month _____ Day _____ Year _____ Can you furnish a Statement of Age/Working Paper as appropriate? Yes ___ No ___							
If hired, is there anything which would prevent you from reporting to work each day on time to perform your job duties?							
Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Total hours available per week: _____
 Would you work: Full-time ___ Part-time ___ Seasonal ___ Temporary ___
 Are you willing to work overtime, when and as required? Yes ___ No ___
 Are you willing to relocate? Yes ___ No ___

Smoking shall be prohibited in all Town-owned buildings, rented space used by Town employees, and any Town-owned vehicle.

Educational Background

School	Name & location of School	GPA or Class Rank	Course of Study	No. of Years Completed	Did You Graduate	Degree or Diploma
High School					Yes _____ No _____	
College					Yes _____ No _____	
Other Education					Yes _____ No _____	

Are you going to school now? Yes _____ No _____ If Yes, where? _____
 Day classes _____ Night classes _____

Employment History

The Town of East Lyme reserves the right to contact prior and current employers. Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience if applicable. Do not indicate "see resume."

1 Company Name and Mailing Address	Phone
Job Title and Name of Supervisor	Employed (Month & Year)
	From To
Describe your work	Weekly Pay
	Start End
Reason for Leaving	
2 Company Name and Mailing Address	Phone
Job Title and Name of Supervisor	Employed (Month & Year)
	From To
Describe your work	Weekly Pay
	Start End
Reason for Leaving	
3 Company Name and Mailing Address	Phone
Job Title and Name of Supervisor	Employed (Month & Year)
	From To
Describe your work	Weekly Pay
	Start End
Reason for Leaving	

4 References (List the name, address, and telephone number of three business/work references who are not related to you and are not previous supervisors. If applicable, list three school or personal references who are not related to you.)

1 Name	Address	Phone #	Work/School/Personal
2 Name	Address	Phone #	Work/School/Personal
3 Name	Address	Phone #	Work/School/Personal

5 Special Training

Personal Computer Word Processing Software-Type: _____
 Fax Machine Copy Machine
 Data Entry Typing Words per Minute
 Dictation Equipment Shorthand Words per Minute
 Other—Please specify _____

6 Please indicate any other relevant training and/or experience you have that is not listed above.

7 Please List any relevant professional associations and any offices held.

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING PROOF OF
AUTHORIZATION TO WORK IN THE UNITED STATES**

I understand that federal law prohibits the employment of unauthorized aliens: all persons hired must submit satisfactory proof of employment authorization and identity: failure to submit such proof will result in denial of employment. I certify by my signature below that I understand that an offer of employment and my continued employment are contingent upon satisfactory proof of my authorization to work in the United States.

Date: _____ Signature: _____

Printed Name: _____

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING
DRIVING HISTORY INFORMATION REQUEST**

I certify by my signature below that I understand that if I am offered and accept employment, a driving history information request shall be submitted.

Date : _____ Signature: _____

Printed Name: _____

**DISCLOSURE AND ACKNOWLEDGMENT REGARDING
AUTHORIZATION TO CONTACT PRIOR AND CURRENT EMPLOYERS**

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the Town of East Lyme may obtain information about you from a prior or current Employer.

By signing this notice you are acknowledging receipt and review of this disclosure.

By signing this notice you are also authorizing the Town of East Lyme or its affiliates or agents to obtain information/opinions about you, from prior or current employers, at any time prior to or during your employment with the Town of East Lyme or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Date: _____ Signature: _____

Printed Name: _____

(A photocopy of this authorization is to be accepted as an original.)

DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST

Please be advised that prior to making a decision regarding your hire, the Town of East Lyme may conduct a urinalysis drug test as part of the application process if required by your job duties and responsibilities. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary: the results shall be maintained along with other employee medical records.

I certify by my signature below that I have read and reviewed the “Disclosure of Intent to Conduct Drug Test,” and I understand that I may be required to submit to a drug test as part of the application process.

Date: _____ Signature: _____

Printed Name: _____

Signature

I certify that the information given herein is true and complete to the best of my knowledge.

I understand that this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions, and businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.

I also understand that any policies or procedures implemented by the Town of East Lyme in the event of my employment are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

Signature

Date

(A photocopy of this authorization is to be accepted as an original.)

PROCESSING RECORD

Notes:

Position Offered:

Accepted: _____

Refused: _____

Confirmation Letter Sent: _____

PROCESSING RECORD

Notes:

Position Offered:

Accepted: _____

Refused: _____

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Updated 12/13/2021