

Town of Windham  
979 Main Street  
Willimantic, Connecticut 06226



860-465-3006  
www.windhamct.com

## Employment Application

The Town of Windham is an Equal Opportunity Employer. State and federal law prohibits discrimination on the basis of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, except in cases of a bona fide occupational qualification.

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

How did you hear about the position? \_\_\_\_\_

**GENERAL INSTRUCTIONS:** Please respond to every question on this application form. If a question does not apply to you, write "n/a" in the blank space. If you need more space to respond to a question, please attach a separate sheet.

\_\_\_\_\_  
Last Name First M.I.

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone (Home) (Work) Social Security Number

**If there is any other name by which you have been known that the Town should be aware of in order to adequately verify your identity, employment history or educational background, please provide any such name (s):** \_\_\_\_\_

**Are you either a United States citizen or authorized to work in the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

(Proof of United States Citizenship or authorization to work in the United States will be required upon hiring.)

## Employment History

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Job Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Starting Salary/Wage: \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Job Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Starting Salary/Wage: \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer's Telephone Number: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Job Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Starting Salary/Wage: \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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### Education

Name of School	City/State	Major Course/Subject	Circle Last Year Completed	List Degree Received
<b>G.E.D. Equivalency</b>				
<b>High School/Prep</b>			<b>1 2 3 4</b>	
<b>College</b>			<b>1 2 3 4</b>	
<b>Graduate Work</b>				

Use the space below to provide additional information necessary to describe your full qualifications:

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**Please list three professional references (at least one must be current):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Years Known \_\_\_\_\_

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**Do you or have you used narcotics, marijuana, barbiturates, amphetamines, hallucinogenic, or any other illegal substance which may produce a dependency, with the exception of medication prescribed by a physician?    Yes \_\_\_\_\_ No \_\_\_\_\_**

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I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the responses given are true, complete, and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for immediate discharge.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize all of the educators, employers and professional references listed above to furnish the Town of Windham with information regarding my education, employment history or any other matter related to my application for employment with the Town of Windham.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**VOLUNTARY INFORMATION  
FOR GOVERNMENT MONITORING PURPOSES**

This organization is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this employer is required to note race and sex on the basis of visual observation or surname.

This Voluntary Information Sheet will be kept in a confidential file separate from the Application for Employment.

**POSITION APPLIED FOR:** \_\_\_\_\_

I wish to furnish this information. \_\_\_\_\_ (Please Print Name) \_\_\_\_\_

I do not wish to furnish this information. \_\_\_\_\_ (Please Print Name) \_\_\_\_\_

Please check appropriate line: \_\_\_\_\_ Male \_\_\_\_\_ Female

**ETHNIC CATEGORY (check only one)**

\_\_\_\_\_ White (Not of Hispanic origin) \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Black (Not of Hispanic origin) \_\_\_\_\_ Other – please specify: \_\_\_\_\_

**How did you hear about this job? Please check one.**

\_\_\_\_\_ The Chronicle

\_\_\_\_\_ Other Newspaper – please specify: \_\_\_\_\_

\_\_\_\_\_ Community Agency – please specify: \_\_\_\_\_

\_\_\_\_\_ Connecticut Employment Service: \_\_\_\_\_

\_\_\_\_\_ Other – please specify: \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

