

[www.goshenct.gov](http://www.goshenct.gov/)

**An Equal Opportunity Employer**

**APPLICATION FOR EMPLOYMENT**

### Town of Goshen- TOWN OFFICE BUILDING 42A North Street, Goshen, CT 06756

Job application will be kept on file for a maximum of three years.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Job Applying For {Complete in ink or type)  Click here to enter text. | | | 4. Do you possess a valid driver’s license required for the job applied for?  Yes No |
| USE TITLE ON JOB ANNOUNCEMENT | | |
| 2. Your Name  Click here to enter text. Click here to enter text. | | | 5. Your telephone number  Click here to enter text.  1 |
| PRINT: LAST NAME FIRST MIDDLE | | | HOME/CELL WORK |
| 3. Address  Click here to enter text. | | | 4a. May we call you at work?  Yes No |
| NO. AND STREET, OR P.O. BOX APT.NO. | | |
| Click here to enter text. | | | 6. Are you legally authorized to work In the U.S.?  Yes No |
| CTTY STATE ZIP CODE | | |
|  |  |  | |

7a. IF THE POSITION BEING APPLIED FOR INVOLVES WORKING WITH CHILDREN, YOU WILL BE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK.

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7b. EMAIL ADDRESS:

Click here to enter text.

8. EDUCATION

a. Did you graduate from high school? Yes No

c. Give the last high school, or trade school *you* attended

b. If you have a high school equivalency certificate, give the place the certificate was granted: Click here to enter text.

NAME OF SCHOOL LOCATION COURSE

List *any* colleges, business schools, or technical schools you attended following high school graduation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF SCHOOL | LOCATION | COURSE OR **MAJOR** |  | DEGREE *OR* CERTIFICATE RECEIVED |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

* + 1. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other details related to the job for which you are applying.

Click here to enter text.

Click here to enter text.

Click here to enter text.

* + 1. This form must be fully completed and signed for further consideration. Reference to any attachments Is not acceptable.

\*State law prohibits job discrimination on the basis of age, race, color, sex, marital status, religious creed, sexual orientation, national origin, ancestry, past or present mental disorder, mental retardation, learning disability or physical disability unless they are bona fide occupational qualifications.

Do you require a reasonable accommodation to take the employment test for this position opening?  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. EXPERIENCE: Describe under the headings given below, your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed. | | | | |
| STARTING DATE  MONTH YEAR  Click here to enter text. | ENDING DATE  MONTI-I YEAR  Click here to enter text. | NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER  Click here to enter text. | | |
| ***\*VOULUNTARY NOT REQUIRED\****  REGULAR SALARY (excl. O.T., etc.) | | HOURS PER WEEKClick here to enter text. | | NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR  Click here to enter text. |
| ***\*VOULUNTARY NOT REQUIRED\****  DATE OF LAST INCREASEClick here to enter text. | | REASON FOR LEAVING (explain)  Click here to enter text. | | |
| YOUR PRESENT OR LAST JOB TITTLE:Click here to enter text.  YOUR DUTIES: | | | | |
| STARTING DATE  MONTH YEAR  Click here to enter text. | ENDING DATE  MONTH YEAR  Click here to enter text. | NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER  Click here to enter text. | | |
| ***\*VOULUNTARY NOT REQUIRED\****  REGULAR SALARY (excl. O.T., etc.)Click here to enter text. | | HOURS PER WEEK  Click here to enter text. | NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR  Click here to enter text. | |
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| YOUR PRESENT OR LAST JOB TITTLE:Click here to enter text.  YOUR DUTIES:Click here to enter text. | | | | |
| STARTING DATE  MONTH YEAR  Click here to enter text. | ENDING DATE  MONTH YEAR  Click here to enter text. | NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER  Click here to enter text. | | |
| ***\*VOULUNTARY NOT REQUIRED\****  REGULAR SALARY (excl. O.T., etc.)Click here to enter text. | | HOURS PER WEEK  Click here to enter text. | NAME, TITLE AND PHONE NUMBER OF YOUR IMMEDIATE SUPERVISOR  Click here to enter text. | |
| ***\*VOULUNTARY NOT REQUIRED\****  DATE OF LAST INCREASEClick here to enter text. | | REASON FOR LEAVING (explain)  Click here to enter text. | | |
| YOUR PRESENT OR LAST JOB TITTLE:Click here to enter text.  YOUR DUTIES:Click here to enter text. | | | | |
| 10a. Have you any objection to Human Resources checking employment references? Yes No  10b. If you used a different name(s) with past employers, please provide us with such name(s) in order that we can adequately verify employment history or educational background.Click here to enter text. | | | | |
| 11. SPECIAL SKILLS OR ABILITIES **(Optional)**  Click here to enter text.  IF MORE SPACE IS REQUIRED USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER ATTACH SUCH SHEET AT TOP OF PAGE. | | | | |
| CERTIFICATION: I certify that all statements madeor in connection with this application are true, complete, and correct to the best of *my* knowledge and belief, and are made in good faith. I understand that Incomplete, false, or Inaccurate Information may result in the rejection of this application and that false Information may result In my dismissal If employed. I give approval for the Town to inquire of my employment references and credit report. If I do not wish to have specific references checked, I will give prior written notification of same. I understand that my employment is terminable at will by either party. I also understand that I must successfully pass the required qualifying test(s) for this position, Including a pre-employment medical exam and physical agility test,  if job related, and a drug screening test, if required.  Click here to enter text.  I agree to sign any authorization or release forms necessary to enable the Town of Goshen to obtain any information, records or reports referred to In this application. | | | | |
| Click here to enter a date.. SIGNATURE OF APPLICANT | | | | |

Equal Employment Opportunity Questionnaire

**To the applicant**: The town of Goshen is an Equal Opportunity Employer. In order to assist the town in assessing its Affirmative Action Plan and improving its recruitment program, it would be helpful if you would provide the following information.

Response to the questionnaire is **optional.** You are **not** required to provide this information and failure to answer the questions will **not** affect the status of your application. If completed, please place this form along with your completed job application in an envelope and mail to the Town of Goshen.

The Town of Goshen appreciates your cooperation in helping to fulfill its commitment to Affirmative Action and Equal Employment Opportunity.

### Name:Click here to enter text.

Last First Middle

### Address:Click here to enter text.

Street City State Zip **Position Sought:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Sex:** Male Female

If you wish to identify yourself as a member of a particular racial or ethnic group, please check one of the following:

White

Black

Hispanic

Asian or Pacific-Islander

American Indian or Alaskan Native

**How did you learn of the position ?**Click here to enter text.