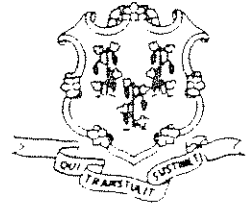


# Application for Employment & Examination

## Town of Thomaston

SELECTMAN'S OFFICE  
TOWN HALL  
158 MAIN STREET  
THOMASTON, CONNECTICUT 06787  
283-4421



An Equal Opportunity / Affirmative Action Employer

Date: \_\_\_\_\_

PLEASE TYPE OR PRINT IN INK

Name - Last		First		Middle	
Address - Street			City		State
Zip Code					
Area Code/Telephone - Home			Business or Other Phone		
Position for which you are applying			<b>Availability</b>		
			<input type="checkbox"/> Full Time <input type="checkbox"/> Day <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift		<input type="checkbox"/> Part Time Specify Days & Hours
Valid Driver's License If required for position <input type="checkbox"/> Yes <input type="checkbox"/> No Oper. #		Other License, Certificates, required for this position Kind Issued by Date No.			
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain):					
Social Security # (Only if background check is required)					
<b>EDUCATION</b>					
Have you graduated from high school or received a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12					
	Name & Location		Did you Graduate?	Degree Received	Specialization or Major
College or Technical School					
College or Graduate School					
Military or Other Training					

Evidence of highest level achieved may be required upon hiring

### EMPLOYMENT HISTORY

Present or Last Employer			Address - Street	City
State	Zip Code	Area Code/Telephone	Job Title	Supervisor
Reason for leaving		Highest Wage/Salary	Employed From: To:	Number of Workers Supervised (If applicable)

Description of Duties (include any machines operated, foreign languages spoken, training, conducted, etc.)


Previous Employer			Address - Street	City
State	Zip Code	Area Code/Telephone	Job Title	Supervisor
Reason for leaving		Highest Wage/Salary	Employed From: To:	Number of Workers Supervised (If applicable)

Description of Duties (include any machines operated, foreign languages spoken, training, conducted, etc.)


Previous Employer			Address - Street	City
State	Zip Code	Area Code/Telephone	Job Title	Supervisor
Reason for leaving		Highest Wage/Salary	Employed From: To:	Number of Workers Supervised (If applicable)

Description of Duties (include any machines operated, foreign languages spoken, training, conducted, etc.)


See last page or a separate sheet, if needed, to provide other relevant employment information

**TRAINING OR SKILLS (Check all that apply)**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Dictation _____ wpm	<input type="checkbox"/> Drafting/Blueprints
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Data Entry/Computer	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Light Equipment
<input type="checkbox"/> Other Skills (Explain) _____		

**Veterans Preference:** is determined by active military service during the following basic eligibility dates: April 6, 1917 to November 11, 1918 but as for service in Russia to April 1, 1920; or December 7, 1941 to December 31, 1947; or June 27, 1950 to October 27, 1953; or January 1, 1964 to July 1, 1975.

Do you claim War Veterans Preference? (5 points)     Yes     No

IF YES, "X" ONE OF THE FOLLOWING

1. As a war veteran                       2. As a spouse of a war veteran not gainfully employed due to disability.                       3. As the surviving spouse of a war veteran.

Do you claim Disabled Veterans-Preference? (additional 5 points)     Yes     No

IF YES, "X" ONE OF THE FOLLOWING

1. As a Disabled veteran                       2. As a spouse of a disabled veteran not gainfully employed due to disability.                       3. As the surviving spouse of a disabled veteran.

**IMPORTANT:** Proof of right to Veteran's Preference must be submitted with application if not already on file.  
 CHECK APPLICABLE BOX     Proof submitted previously     Proof attached to application

I certify that I have read the application and supporting information and that they are complete and true. I understand that the city will rely upon this information and that if I knowingly make misstatements or omissions of facts I am subject to disqualification or dismissal and prosecution under the General Statutes and that the Town or its insurance company will not be responsible for any loss resulting from incorrect or incomplete information. I give consent for you to check with previous employers and personal references, unless I've indicated otherwise, and release them from liability for providing information. I have read the above statements and understand them.

X Name \_\_\_\_\_ Date \_\_\_\_\_

In order to meet the Federal and State reporting requirements and to evaluate the effectiveness of our recruiting and testing procedures, we need the following information. This information will not be used in the selection process. It is kept separate from your application and is not seen by anyone making the hiring decision.

Name	Sex	Age
Position	For Dept. Use Job Category (Check one)	
	<input type="checkbox"/> Official/Adm.	<input type="checkbox"/> Skilled Craft Worker
	<input type="checkbox"/> Professional	<input type="checkbox"/> Paraprofessional
	<input type="checkbox"/> Technician	<input type="checkbox"/> Office/Clerical
	<input type="checkbox"/> Protective Service Worker	<input type="checkbox"/> Service/Maintenance
Race or Ethnic Group	Military Veteran Status	
<input type="checkbox"/> White	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Black	<input type="checkbox"/> Vietnam Era Veteran	(Not Vietnam Era)
<input type="checkbox"/> Asian	<input type="checkbox"/> Disabled Vietnam Era Veteran	<input type="checkbox"/> Other Veteran
<input type="checkbox"/> Pacific Islander		
<input type="checkbox"/> Hispanic		
<input type="checkbox"/> American Indian or Alaska Native		

