APPLICATION FOR EMPLOYMENT The Mattabassett District 245 Main Street Cromwell, CT 06416 INSTRUCTIONS: Type or print answers to ALL questions.

POSITION(s) APPLYING FOR:		DA	TE:						
NAME (Last)			(First)				(MI)	PREF	FIX/SUFFIX (Dr., Jr.)
ADDRESS (Nun	nber and Street)								
CITY			STATE	ZI	P CODE (La	ast 4 digits are	optional)		
	NUMBER: ()			_		HONE NUMBE			EXT.
CELL PHONE N	IUMBER: ()			() _				
May we call you	at work? Driver's Licen	se YES	NO	Nu	mher [.]			Class.	
YES	NO	_	-		Number: Class:				
	If "Yes" State			En En	dorsements				
Email Addres	S								
Desired Salar	ry								
Date you can	start								
EDUCATION: [Did you graduate from High Se	chool? YES	NO	Put	a check ma	rk next to high	est arade		ETED:
	f No, have you passed a G.E.		NO	6	7	8 9	10	11	12
SCHOOL	NAME	ADDRE	SS	DATES A FROM	TTENDED TO	DID YOU GRAD- UATE ?	DEC	E OF GREE EIVED	MAJOR COURSE OF STUDY
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 IF "YES" (specify language)								
YES	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 Sup	pervised by You		Reason	for Leaving (must be listed)	
DUTIES (must be listed)					

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CERTIFICATION

The Mattabassett District is committed to a drug/alcohol-free work environment. The nature of its services require that all employees be capable of performing the functions of their employment position while free from the influence of any drug/alcohol with physical or mind-altering psychological effects. You may be asked to take a drug screening test. Smoking is restricted. It is prohibited in buildings and vehicles.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the District and myself for either employment of for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the District unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the District has that same right.

I understand that prior to being offered employment with the District I will be required to take an employment examination

If a driver's license is required for the job I am offered, I will submit a certified copy of my Department of Motor Vehicle driving history prior to any interview. Upon request, I will provide to the Human Resources Department proof of any/all educational degrees and certificates.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for disqualifying me from employment, or for dismissing me after I have begun employment. statement of fact or incomplete answer, I am subject to disqualification and dismissal and to such penalties as may be prescribed by law or personnel regulations. I understand that all statements made on this application, including employment information, are subject to verification as a condition of employment.

I waive all rights I might have against all employers and other persons providing information concerning my character, abilities, work behavior and record of employment.

SIGNED		DATE		-
Do we have your permission	to contact your present employer?	YES	NO	
Do we have permission to co	onduct a background check of your	qualifications, ed	lucation, character and record of YES	employment? NO
Attach any additional qual employment.	ifications, experience, training ar	nd/or skills you		
	FOR HUMAN RESOURCES U	ISE ONLY		DATE STAMP
Date of Interview:	Internal Candidate:	External Cano	didate:	
Interviewer:				
COMMENTS:				

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. <u>SEX:</u>		
Female		
Male		
2. ETHNIC GROUP:		
Caucasian (Non-Hispanic Origin)	Asian or Pacific Islander	
Caucasian (Non-Hispanic Origin) African American (Non-Hispanic Origin)		Other
·	• • • • • • • • • • • • • • • •	0
3. HOW DID YOU HEAR ABOUT THIS POSITIO	<u>N?</u>	
Hartford Courant	Careerbuilder.com	
Monster.com	Web Site	
Employee		
Walk–in		
Publication/Newspaper (please specify)		
Professional Organization (please specify)	L	
Internet (please specify)		
Other (please specify)		
I CERTIFY THAT THE ABOVE INFORMATION I	SCORRECT	
Name:		
Address:	Citv/State/Zip:	
Signature:	Date:	