



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

THE TOWN OF COLCHESTER WILL NOT, EXCEPT IN THE CASE OF A BONA FIDE OCCUPATIONAL QUALIFICATION OR NEED, OR EXCEPT AS OTHERWISE PERMITTED OR REQUIRED BY LAW, DISCRIMINATE ON THE BASIS OF RACE, COLOR RELIGIOUS CREED, AGE, SEX, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, PAST OF PRESENT HISTORY OF MENTAL DISORDER, MENTAL RETARDATION, LEARNING DISABILITY OR PHYSICAL DISABILITY, WITH RESPECT TO HIRING, COMPENSATION, PROMOTION, DISCHARGE FROM EMPLOYMENT OR OTHER TERMS AND CONDITIONS OF EMPLOYMENT.

PERSONAL INFORMATION			DATE:	
NAME: (Last, First, Middle)				
STREET ADDRESS:				
TOWN:			STATE:	
PHONE NO:		E-MAIL:		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMPLOYMENT DESIRED			POSITION:	
DATE YOU CAN START:			SALARY DESIRED:	
ARE YOU EMPLOYED NOW?			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED BEFORE?		WHEN:	REFERRED BY:	
EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUTATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL				
GENERAL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
PLEASE LIST SPECIAL SKILLS:				
U.S. MILITARY OR NAVAL SERVICE:			RANK:	

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE (Month & Year) FROM / TO	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
/				
/				
/				
/				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTANCED
1.			
2.			
3.			

HOW DID YOU HEAR ABOUT THIS POSITION?

Check all that apply:

Website	
Newspaper	
Other (please list)	

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REGERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CASUSE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:	DATE:
REMARKS:	
NEATNESS:	ABILITY:
HIRED: YES NO	POSITION: DEPT:
APPROVED: (EMPLOYMENT MANAGER)	APPROVED: (DEPT HEAD)
APPROVED: (GENERAL MANAGER)	