



Application for Employment

TOWN OF WESTPORT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job-related medical condition or handicap.

GENERAL INFORMATION:

(Please Print)

Position for which you are applying: _____

Date of application: _____

What led you to apply for a position at the Town of Westport?

Newspaper Advertisement: _____, Referred by an employee of the Town: _____ If yes, by whom? _____, Friend/Relative _____, Other _____

PERSONAL INFORMATION:

Name: _____
(Last) (M.I.) (First)

Address: _____
(Street or Post Office Box #)

City: _____ State: _____ Zip Code: _____

Phone #: _____ - _____ - _____ E-Mail Address (optional): _____

EDUCATION:

High School: _____ Grade completed: _____
(Name of School)

Vocational: _____ Diploma/Degree: _____
(Name of School)

University/College: _____ Year completed: 1 2 3 4
(Name of School) (Please circle)

Diploma / Degree: _____

Licenses / Certifications: _____

Do you speak, read or write a foreign language? If so, what language? _____

EMPLOYMENT HISTORY (Begin with most recent employer):

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

Summarize special skills and qualifications acquired from employment or other experience: _____

REFERENCES:

Please list three (3) references (not related to you) that are familiar with you through previous employment or other associations.

Name: _____, Phone #: _____ - _____ - _____

Address: _____

Name: _____, Phone #: _____ - _____ - _____

Address: _____

Name: _____, Phone #: _____ - _____ - _____

Address: _____

Are you a veteran of the U.S. military service? Yes _____ No _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veterans readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

Are you a U.S. citizen or otherwise authorized to work in the United States? Yes _____ No _____

Are you available to work: Full Time _____ Part Time _____ Seasonal _____

Date available to start work: _____

I hereby state that the information I have provided on this application is true and accurate to the best of my knowledge. I authorize the verification of any or all of the information and any inquiries permissible by law to determine my suitability for employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Westport.

Applicant's Signature: _____ **Date:** _____

Resume: Mailed previously _____, Attached _____, Will be forwarded _____

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name		First	Middle
Applicant's Signature		Driver's License Number & State	
		<u>Response to the Questions in This Section are Optional & Voluntary, for ID Only</u>	
		Date of Birth:	Race: Sex: M F
Former Names & Time Frames (If Applicable)			
Current Address	City/State	Zip & County	Dates (Month & Year)
Previous Addresses			

Signature of Applicant or Employee

Date

Printed Name

