



TOWN OF SEYMOUR

Employment Application

The Town of Seymour is an Equal Opportunity/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions.

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applying for	Are you looking for : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
What days of the week are you available to work? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
How did you hear about this position? <input type="checkbox"/> Print Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Internet <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend or Relative			
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, what is your current age?
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please include state of issue and license #:
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Does the Town of Seymour have your permission to conduct a background check?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If applicable: GED <input type="checkbox"/>
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
		Major	
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE (IF APPLICABLE)	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

KNOWLEDGE, SKILLS, ABILITIES:

Please list any technical skills, clerical skills, trade skills, etc., you possess that are relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge and note your level of proficiency (basic, intermediate, expert)

•
•
•
•
•
•

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, education and/or personal history. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

Applications will stay on file for one year.

Signature _____

Date _____



TOWN OF SEYMOUR

Voluntary Affirmative Action Information

Position Applied for: _____

The Town of Seymour considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status. As required, we comply with government regulations including the Affirmative Action requirements of Section 503 of the Rehabilitation Act or other federal laws or regulations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey, which will be filed separately from your application.

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

APPLICANT AFFIRMATIVE ACTION DATA

Gender: Male Female

Race/National Origin: Check the box below that corresponds to the category that best identifies you race/ethnicity.

- White – (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black – (not of Hispanic origin) – All persons having origin in any of the Black Racial groups of Africa
- Hispanic– All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- American Indian/Alaskan native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.
- Other _____
(Please Specify)

DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS OR DISABILITIES.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam and qualified handicapped individuals.

You are invited to volunteer this information. If you qualify, to assist in the proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Individual with Disability

Optional:

Applicant Name _____