



**Town of Suffield**  
**Application for Employment**  
**83 Mountain Road, Suffield, CT 06078**

The Town of Suffield will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity or expression, or any other legally protected status.

(PLEASE PRINT LEGIBLY) The application must be completed to be considered. Please complete each section even if you have a resume

Date \_\_\_\_\_ Position you are applying for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk In  Job Agency  Other

Name \_\_\_\_\_  
FIRST MIDDLE LAST (PREVIOUS NAMES)

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email address \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

- If under 18 years old, can you provide proof of eligibility to work?  No  Yes
- Have you filed an application with the Town of Suffield before?  No  Yes Date: \_\_\_\_\_
- Have you ever been employed by the Town of Suffield before?  No  Yes Date: \_\_\_\_\_
- Are you related to anyone currently employed by the Town of Suffield?  No  Yes Date: \_\_\_\_\_
- Are you currently employed?  No  Yes
- May we contact your present employer?  No  Yes
- Are you prevented from lawfully being employed in this country due to Visa or Immigration Status?  No  Yes
- (Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? \_\_\_\_\_

Are you interested in working:     Full Time     Part Time     Shift Work     Temporary     Seasonal

Are you on a lay-off and subject to recall?     No     Yes

Are you willing to travel if a job requires it?     No     Yes

***The Town of Suffield is an Equal Opportunity Employer***

\_\_\_\_\_

**EDUCATION & TRAINING**

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School	_____	_____	_____	_____
Comm. College	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

\_\_\_\_\_

**Please list/describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List professional, trade, business or civic activities and offices held:** *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received during military service:

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**Additional Information**

**Specialized Skills** [Check skills you possess and list equipment you can operate]

Computer / (Type)	Machinery & Equipment / (Type)
<input type="checkbox"/> Microsoft Office / _____	<input type="checkbox"/> Backhoe / _____
<input type="checkbox"/> Spreadsheets / _____	<input type="checkbox"/> Road Grader / _____
<input type="checkbox"/> Database / _____	<input type="checkbox"/> Welder / _____
<b>Other</b>	<input type="checkbox"/> EMT / _____
<input type="checkbox"/> Typing	<input type="checkbox"/> Power Tools / _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Other / _____
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Other / _____
	<input type="checkbox"/> Other / _____

Are you fluent or conversant in any languages other than English? Yes  No . If yes what languages.

Please state any additional information you feel may be helpful to us in considering your application:

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**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION/POSTING EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied?  Yes  No

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### Employment History

Start with your present or last job and go back ten years. Include military service assignments and volunteer positions. Do not leave any positions out. Use extra sheets if necessary.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**References (Business and Professional Only)**

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name/Job Title) (Phone Number)
2. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name/Job Title) (Phone Number)
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name/Job Title) (Phone Number)
4. \_\_\_\_\_ ( ) \_\_\_\_\_  
(Name/Job Title) (Phone Number)
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**Applicant's Statement**

I certify that the answers given here are true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Prior to employment, a criminal background check will be completed. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period, should inquire as to whether or not applications are being accepted at that time. I also understand that if I am employed by the Town of Suffield, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the Town of Suffield.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_