



TOWN OF SOUTHBURY – PARKS AND RECREATION
APPLICATION FOR EMPLOYMENT
 Pre-Employment Questionnaire | An Equal Opportunity Employer

This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate as such.

PERSONAL INFORMATION

NAME (First, Middle, Last) _____

ADDRESS (Street, City, State, Zip) _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

EMPLOYMENT

Positions desired (check all that applies):

CAMP (Summer)	BASKETBALL (Winter)	AQUATICS (Seasonal)
<input type="checkbox"/> Teen Counselor (18+) <input type="checkbox"/> Camp Counselor (18+) <input type="checkbox"/> Camp Counselor (16+) <input type="checkbox"/> C.I.T.*	<input type="checkbox"/> Clock Operator & Stats Keeper	<input type="checkbox"/> Lifeguard <input type="checkbox"/> Cashier

* This is a volunteer position.

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Have you ever been employed with the town of Southbury before? Yes No

If yes, give dates: From _____ To _____

Are you legally eligible for employment in the United States? Yes No

Referred by: Employment Agency Newspaper Advertising Website Email Friend Walk-In

State Employment Office Other-Please Specify _____

EDUCATION	Name of School and Town	Number of years attended	Did you graduate?	Major
HIGH SCHOOL				X
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

REFERENCES

Must be a non-relative over 21 years of age.

Name	Address	Phone number	Occupation
1.			
2.			

FORMER EMPLOYERS

List below your past employers, starting with the most recent. Continue on a separate sheet if necessary.

Name of present or last employer _____

Address _____

Starting date _____ Leaving date _____ Job title _____

Weekly salary _____ May we contact your supervisor? Yes No

Name of supervisor _____ Title _____ Phone _____

Description of work _____

Reason for leaving _____

Name of previous employer _____

Address _____

Starting date _____ Leaving date _____ Job title _____

Weekly salary _____ May we contact your supervisor? Yes No

Name of supervisor _____ Title _____ Phone _____

Description of work _____

Reason for leaving _____

APPLICANT'S STATEMENT

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment.

I authorize the Town of Southbury (the "Town") to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy, including past employment.

I understand that, as part of the application process, the Town conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such background check, that I will fully cooperate and provide any information requested. I understand that, as a condition of my consideration for employment with the Town, or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Town's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the Town will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Town then as a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every State in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Town motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Town cannot insure me due to my motor vehicle operator history, my employment may be terminated.

APPLICANT'S SIGNATURE

DATE

NOTE: A typed name will substitute for a handwritten signature.

EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I, _____, hereby authorize my previous employers to release to the Town of Southbury (the "Town," any and all employment and personnel information requested, including, but not limited to personnel records, payroll records and any other documents of any nature in your possession, custody or control. I hereby specifically release and hold harmless the Town and any past, present and future employers, their employees and agents, from any and all claims or liability as a result of disclosing, discussing or revealing any record or information concerning my employment, in accordance with this authorization to the Town.

APPLICANT'S SIGNATURE

DATE

NOTE: A typed name will substitute for a handwritten signature

A photocopy of this authorization and release is as valid as the original.