Mac users: Do not use Preview to fill out form. Use Reader 7.0 or greater. Also, all applicants should remember to save the form before emailing it as an attachment. Form can be saved as you fill it out so that you can complete it as time permits.



WESTPORT CONNECTICUT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, sexual orientation, handicap or veteran status.

If an applicant needs any assistance or accommodation to complete this application please contact Human Resources at 203-341-1090

EIVIPLO	TIVICINIA	PPLICATION			Арр	ilication Da	ate://
	Last Name		First	Middle	Thi	is field intentio	nally left blank
	Previous/Diffe	erent name(s) used in em	ployment (for employme	nt/reference checking)	: Hom	e Phone	
Р	Years other na						
Е	Street Addres	S			Busi	ness Phone	
R	City, State Zip)			Mobi	le Phone	
S	Are you a citiz	zen of the United States?	YesNo		E-ma	ail address	
0	If No, Are you	legally authorized to wor	k in the U. S.?Yes	No			
N A	Additional	information that ma	y be helpful?				
Ĺ							
_							
Position desire	nd .						
Position desire	eu				As s	een in advertiseme	ent: ☐ Full-Time ☐ Part-Time
Apart from ab	sence for religiou	us observance, are you a	vailable for full-time worl	(?	Date	available for emp	
Yes	_No If not, wi	hat hours can you work?_					
Have you eve	r applied for emp	oloyment with us?			Will	you work overtime	if asked?
		Month and year				Yes	NO
		ently working for the Towr					
If yes, please	provide name, p	osition and department: _					
					T		
	SCHOOL	NAME AND LO	CATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COM-	DID YOU GRADUATE	DEGREE OR DIPLOMA?
E				31001	PLETED		
D	College					☐ Yes	
C						□ No	
A	College					☐ Yes	
T						□ No	
i	Technical School or					☐ Yes	
0	Special Program					□ No	
N	High School					☐ Yes	
						□ No	
						•	•

Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

	Company Name	Telephone
	Address	Employed (State Month and Veer)
	Address	Employed (State Month and Year)
	Name of Cureniage's / Department	From To Supervisor's telephone number:
	Name of Supervisor's / Department	Supervisor's telephone number.
1		Email:
	If this is your current employer, may we contact?YesNo	
	Out to Till and Day it and West	Decree feet as the
	State Job Title and Describe your Work	Reason for Leaving
	Company Name	Telephone
	Address	Employed (State Month and Year)
		From To
2	Name of Supervisor	
	Telephone: email:	
	State Job Title and Describe your Work	Reason for Leaving
	Company Name	Telephone
	Address	Employed (State Month and Year)
		From To
3	Name of Supervisor	
	Telephone: email:	
	State Job Title and Describe your Work	Reason for Leaving
	Company Name	Telephone
	Address	Employed (State Month and Year)
		From To
4	Name of Supervisor	
	Telephone: email:	
	State Job Title and Describe your Work	Reason for Leaving
	1	
S	List any special skill you have that are relevant to the position for which you are ap	applying including any appointment training and accurr-
	completed, or certificates earned that will aid in evaluating your qualifications for the	
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	Reference Name	Title
1	Address	Telephone
	Relationship	email Years known
	Relationship	Teals Millowii
	Reference Name	Title
2	Address	Telephone
		email
	Relationship	Years known
	I	
	Reference Name	Title
	Allow	Talashasa
3	Address	Telephone
	Relationship	email Years known
	Relationship	rears known
	Defenses News	T:0-
	Reference Name	Title
	Address	Talanhana
4	Address	Telephone
4		email
4	Address Relationship	
4		email
	Relationship	email
Signatur	Relationship e means you agree to the following:	email Years known
	Relationship e means you agree to the following: • The information provided in this Application for Employment is true, correct and c fact on this application may result in my dismissal.	email Years known omplete. If employed, any misstatement or omission of
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