

APPLICATION FOR EMPLOYMENT

Applicants are encouraged and cautioned to provide complete information. If you need additional space on which to complete your responses, please do not hesitate to ask for additional paper. Incomplete answers may delay review of your application or may cause it to be rejected.

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		Please Print	
			Date:
Name:			SSN:
(Last)	(First)	(M.I.)	
Address:			
City:		State:	Zip:
Telephone: ()			
Home		Business	
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	G	ENERAL INFORMATION	ON
What position are you app	lying for?		
What salary are you seeking	ng?		
How did you learn of this	position?		
When would you be able t	o begin employment?_		
Are you applying for full-toperiod for which you are a		temporaryemployment?	If part-time or temporary, please state the hours or time
			e? Yes No . Are you willing to travel? Yes No . n your ability to work overtime, relocate, or travel.

AN EQUAL OPPORTUNITY EMPLOYER



Are you related to or living with a person employed by, or providing services to, a competitor of this company? Yes No If you have answered yes, please explain.
Are you related to or living with a current or former employee of any company affiliated with this Company? Yes No If you have answered yes, please explain.
Do you have any special skills that we should know about (such as computer ability, knowledge of office equipment, word processing skills, typing, dictation)? Yes No . If you have answered yes, please describe.
Please explain or describe your interest in working in this industry generally or for this Company in particular.
Do you have any commitments that might affect your ability to work for this Company (such as a contract of employment, a non-competition agreement, or a trade secrets agreement): Yes No If you have answered yes, please describe the contract, agreement, etc.
Are you lawfully permitted to work in the United States? YesNo (Please note: If this Company extends an offer of employment to you, you will be required to submit proof of your identity and your right to work in the United States).
Are you under eighteen years of age? YesNo
In connection with verifying the information that you are providing in this application for employment, please state whether you have ever been known by another name. Yes No If yes, please list the other name(s).
Do you have a current driver's license? Yes_ No If yes, please identify the state of issue
Please identify the license number.



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EDUCATIONAL INFORMATION

NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE?	DATES ATTENDED	DEGREE/ MAJOR		
High School	Yes No	FROM: month/year TO: month/year			
College Graduate School	Yes No Yes	FROM: month/year TO: month/year FROM: month/year			
Vocational or Business School Other Courses or Special Training	No □ Yes □ No □ Yes □ No □	TO:month/year FROM:month/year TO:month/year FROM:month/year TO:month/year			
Please list extra-curricular activities, memberships in any academic organizations, or honors achieved that are associated with your educational history. Please also list whether you hold any licenses, certificates, degrees, or diplomas that otherwise have not been listed above. (You may exclude information that is indicative of race, color, national origin, religion, sex, age, or disability).					
MILITARY HISTORY					
Were you in the U.S. armed forces? Yes No If yes, what branch? Rank at separation?					
State whether you received a dishonorable discharge that w	as not upgraded by	a military appeal tribunal. $\mathbf{Y} \boldsymbol{\epsilon}$	es No		
(Please note: A dishonorable discharge does not constitute an a	_				
Briefly describe your duties and any special skills that you acquired in the military.					



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EMPLOYMENT HISTORY

List your employers in reverse chronological order, with your present or most recent employer first. May we contact your present employer? Yes__ No__. If you have answered no, when may we contact your present employer? (Please note: An offer of employment made before contacting your present employer is contingent upon an acceptable reference and/or verification of information from your present employer). SUPERVISOR'S NAME: EMPLOYER: **EMPLOYED** FROM:_ MONTH/YEAR TO: MONTH/YEAR ADDRESS: SUPERVISOR'S PHONE NUMBER: TELEPHONE NUMBER: INITIAL JOB TITLE: CURRENT OR FINAL JOB TITLE: INITIAL COMPENSATION: REASON FOR LEAVING (detailed response please): CURRENT OR FINAL COMPENSATION: EMPLOYER: **EMPLOYED** SUPERVISOR'S NAME: FROM: MONTH/YEAR TO: MONTH/YEAR ADDRESS: SUPERVISOR'S PHONE NUMBER: TELEPHONE NUMBER: INITIAL JOB TITLE: CURRENT OR FINAL JOB TITLE: INITIAL COMPENSATION: REASON FOR LEAVING (detailed response please): CURRENT OR FINAL COMPENSATION:



EMPLOYER: ADDRESS: TELEPHONE NUMBER:		EMPLOYED FROM: MONTH/YEAR TO: MONTH/YEAR INITIAL JOB TITLE:	SUPERVISOR'S NAME: SUPERVISOR'S PHONE NUMBER: CURRENT OR FINAL JOB TITLE:
INITIAL COMPENSATION: \$ CURRENT OR FINAL COMPENSATION: \$	REASON FOI	R LEAVING (detailed response please):	
EMPLOYER:		EMPLOYED	SUPERVISOR'S NAME:
		FROM:MONTH/YEAR TO:MONTH/YEAR	
ADDRESS:		MONTH/YEAR	SUPERVISOR'S PHONE NUMBER:
ADDRESS: TELEPHONE NUMBER:		MONTH/YEAR TO:	SUPERVISOR'S PHONE NUMBER: CURRENT OR FINAL JOB TITLE:



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REFERENCES

Please list three references. Do not list either relatives or persons identified as supervisors elsewhere on the application.

NAME	ADDRESS	PHONE	RELATIONSHIP

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APPLICATION STATEMENT

Please read the following statements carefully, as they represent matters of importance to both you and this Company (hereinafter the "Company") in connection with this application for employment.

I understand and agree that:

- 1. The information provided in this application, my resume (if supplied) and during my interview(s) is true and complete to the best of my knowledge. Any false or misleading statements on this application, on my resume or in my interview(s) will be sufficient cause to justify refusal of employment or, if I am hereafter employed by the Company, termination of employment.
- 2. The Company may verify all of the information that I have provided on this application and I release the Company and its representatives from liability for seeking such information and I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing the Company with such information. I further agree to sign whatever consent forms may be necessary to permit the Company to verify all of the information that I have provided in this application.
- 3. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. It should also be understood that no manager, supervisor, or representative of the Company other than its President or authorized officer, has any authority to enter into any agreement with you for employment for any specified period of time or to make any promise or commitment contrary to the provisions to the foregoing; any such agreement, if made, shall not be enforceable unless it is in writing and signed by one of the aforementioned individuals.
- 4. I understand that in the event of my employment, poor attendance and excessive tardiness are disruptive and put a burden on other employees and may lead to disciplinary action, up to and including termination of employment.
- 5. This application will remain current for 90 days. At the conclusion of that 90-day period, if I have not then been employed by the Company, I understand that I must complete and submit a new application to remain eligible for consideration for employment.
- 6. This Company is an equal opportunity employer and gives equal consideration to all applicants without regard to race, color, national origin, religion, sex, sexual orientation, age, disability, or such other bases as may be prohibited by law.

Signature of Applicant	Date



APPLICATION FOR EMPLOYMENT - ADDENDUM

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		Please Print		
			Date:	
Name:			SSN:	
(Last)	(First)	(M.I.)		
Address:				
City:		State:	Zip:	
Telephone: ()		Business		
				-
(Please note: A yes answer o	oncerning criminal histo	ry information will not automat	tically bar you from employment).	
records have been erased records subject to erasure child was a member of a dismissed or nolled, a crir received an absolute parde	pursuant to § 46b-146 under the above-refer- family with service neo- ninal charge for which on; and (3) any person o never have been arre	of, § 54-142a or § 54-760 of enced sections are records poeds, an adjudication as a you the person has been found rewhose criminal records have ested within the meaning of the	ny arrest, criminal charge or conviction if su the Connecticut General Statutes; (2) crimin ertaining to a finding of delinquency or that thful offender, a criminal charge that has be not guilty or a conviction for which the pers e been erased pursuant to the above-reference ne Connecticut General Statutes with respect	nal t a en on ed
Signature of Appl	icant	Date	_	