



EMPLOYMENT APPLICATION

Personnel Department
142 East Main Street
Meriden, CT 06450

Position applied for _____
 Full Time Part Time Temporary Summer

An equal opportunity employer.

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Email address _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Are you a citizen of the United States? Yes No

If no, please provide a copy of green card or work permit.

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills or qualifications

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

Military Experience: Yes No

Were you honorably discharged? Yes No

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed _____

Reason for leaving _____

*In the section below, please do not list friends or relatives unless they have worked with you professionally.***PROFESSIONAL REFERENCES ONLY**

Name	Relationship	Home Phone	Daytime Phone



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Do any of your relatives work for the City of Meriden? Yes No

If yes please name:

<i>Name of Relative</i>	<i>Relationship</i>

Do you reside with anyone working for the City of Meriden? Yes No

If yes please name:

<i>Name</i>	<i>Relationship</i>

ACKNOWLEDGEMENT

I certify that the answers given by me in this application and/or attached resume are correct to the best of my knowledge. I understand that any falsification, whether willingly or accidental, may be grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information including but not limited to my personnel file. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. I understand that an appropriate medical exam, including drug test, background check and verification of eligibility to work in the United States must be satisfied for a formal offer to be made.

Applicant's Signature _____ Date _____

Printed Name _____