



# Application for Employment

Town of Columbia  
 323 Jonathan Trumbull Highway  
 Columbia, CT 06237

Phone: (860) 228-0110 Fax: (860) 228-1952

Application Date: \_\_\_\_\_  
 Position(s) being applied for: \_\_\_\_\_

*We consider applicants for all positions without regard to race, color, religion, sex, gender identity or expression, national origin, ancestry, age, marital or veteran status, genetic information, present or past history of mental disability, intellectual disability, learning disability or physical disability except where a bona fide occupational qualification may require consideration of any of the foregoing, or any other legally protected status.*

Name:	Last		First		Middle												
Address:	No.	Street		City		State Zip											
Email:																	
Telephone:	Home			Daytime													
	Area Code	No.		Area Code	No.												
Date available for work:																	
Availability: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary																	
<b>EDUCATION</b>	Elementary		High		College/Technical		Graduate/ Professional										
School Name																	
Years Completed: (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree(s)																	
Course of Study:																	
Specialized Training, Apprenticeship, Skill, and Extra-Curricular Activities																	
Licenses/Certifications (i.e. CDL, etc)																	
Additional information that may be helpful in considering your application.																	

ATTACH RESUME HERE

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
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Reason for Leaving			
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Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
<b>Special skills and qualifications acquired from employment or other experience.</b>			

Are you a United States citizen or are you authorized to work in the United States? (Proof of identity and citizenship or authorization to work in the Unites States will be required upon hire.) Yes \_\_\_\_\_ No \_\_\_\_\_

Answer **ONLY** if a driver's license is REQUIRED FOR THE POSITION YOU SEEK

Do you have a valid Connecticut driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_

### **Applicant's Statement**

I certify that answers given herein are true 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. I understand that this application is not and is not intended to be an offer or contract of employment.

In the event that I am offered employment or employed, I understand that false or misleading information given in my application or interview(s) may result in revocation of an offer of employment or discharge. I also understand that I am required to abide by all rules and regulations of the Town of Columbia.

Signature

Date



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## Application for Employment Supplement for Highway Department

Name:		Date:	
Have you ever worked construction? Yes _____ No _____			
Please check next to all of the following machines that you have operated:		Please state length of time you have operated each of the machines indicated (months/years):	
<input type="checkbox"/>	Backhoe		
<input type="checkbox"/>	Front end loader		
<input type="checkbox"/>	Dump truck		
<input type="checkbox"/>	Chain saw		
<input type="checkbox"/>	Sickle mower		
<input type="checkbox"/>	Flail mower		
<input type="checkbox"/>	Paving machine		
<input type="checkbox"/>	Roller		
<input type="checkbox"/>	Jet sander		
<input type="checkbox"/>	Snow plow		
Please list any other equipment and length of experience you believe appropriate:			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Can you weld?		Yes _____	No _____
Can you do mechanical work?		Yes _____	No _____
In the course of your work, would you be willing to do the following when needed?			
Laborer	Yes _____	No _____	Sweeping Yes _____ No _____
Cutting Grass	Yes _____	No _____	



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## **Pre-employment Background Check**

The Town and / or its agent(s), in considering your application for employment by the Town, will perform a background check which may include obtaining a consumer report or similar report. The Town may use any such report(s) in order to make decisions regarding your eligibility for and employment by the Town.

I hereby authorize the Town and / or its agent(s) to conduct a background review through a consumer report and/or similar report regarding my eligibility for and employment by the Town. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish the Town or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date