



## TOWN OF NORTH BRANFORD

TOWN HALL, 909 FOXON ROAD, NORTH BRANFORD, CONNECTICUT 06471  
TOWN MANAGER (203) 484-6000 TOWN HALL FAX (203) 484-6025

**Position Name:** \_\_\_\_\_

NAME: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

### PERSONAL DATA:

1. Are you over 18 years of age? Yes [  ] No [  ]
2. Do you have the legal right to work in the United States? Yes [  ] No [  ]
3. Have you ever served in the U.S. Armed Forces? Yes [  ] No [  ]

*(IF YES, YOU WILL BE REQUIRED TO PROVIDE A COPY OF YOUR DD214, SHOWING DISCHARGE STATUS)*

4. How did you learn of our organization: \_\_\_\_\_

*In compliance with Federal nondiscrimination laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability. In addition, the Town complies with applicable state and local laws governing nondiscrimination in employment.*

**AN EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

<b>Name of School/Program</b>		<b>Graduated</b>	<b>Type of Degree</b>	<b>Coursework /Major</b>
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
TECHNICAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>OTHER TRAINING OR PROFESSIONAL CERTIFICATIONS (Explain)</b>				

**Employment History:**

Start with your current or most recent position and work backwards. Use additional sheets of paper if you need more space.  
**Resumes may be submitted but are not a substitute for the requested information.**

1.

Name of Employer

Employment Dates

Job Title

Duties and Responsibilities:

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Reason for Wanting to Leave:

Name and Title of Immediate Supervisor:

Telephone Number:

2.

Name of Employer

Employment Dates

Job Title

**EMPLOYMENT HISTORY (continued):**

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Wanting to Leave: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3.

Name of Employer	Employment Dates
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Wanting to Leave: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

4.

Name of Employer	Employment Dates
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Wanting to Leave: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

May we contact your **present employer** regarding your employment record? Yes [  ] No [  ]

May we contact your **past employer(s)** regarding your employment record? Yes [  ] No [  ]

**REFERENCES:**

Please list three references qualified to comment on your work experience. On the "relationship" line explain how this person knows you and your work experience.

1. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ [Home] [Office]  
Area Code      Number

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ [Home] [Office]  
Area Code      Number

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ [Home] [Office]  
Area Code      Number

Relationship: \_\_\_\_\_

**ADDITIONAL COMMENTS AND INFORMATION:**

Please use the space below for any other comments or information that you feel is important to your candidacy, including salary expectations.

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**CERTIFICATION AND AUTHORIZATION:**

I CERTIFY that all of the statements made in this Application are true, complete and correct to the best of my knowledge. I understand that any false, misleading, or incomplete information given in my application or interview(s) may result in disqualification or in discharge from employment. In the event of employment, I further understand that I am required to abide by all rules and regulations of the Town of North Branford.

My signature authorizes the Town of North Branford to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees and information needed to complete a criminal background check. It also authorizes the Town to make such investigations and inquiries of other employment-related information deemed necessary from former employers, personal references or other sources as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

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Signature of Applicant

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Date