



AN EQUAL OPPORTUNITY EMPLOYER  
 APPLICATION FOR EMPLOYMENT  
**TOWN OF CANTON**  
**OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER**  
 Four Market Street – P.O. Box 168  
 Canton, Connecticut 06022-0168  
 Please complete in printing, ink or typewriter.

**REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE**

Date of Application	Position Applied for
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**PERSONAL INFORMATION**

Name (Last, First, Middle)	Address	
Home Telephone Number	Email Address	
Work Telephone Number	Are you legally authorized to work in the United States?	If required for job applied for, do you possess valid driver's license?
May we contact you at work?	Were you previously employed by the Town? If so, where and when?	
Are you over the age of eighteen? If not, your hire will be subject to verification of minimum legal age.		
If your application is considered favorably, on what date will you be available for work?		

The Town of Canton is an Equal Opportunity Employer and does not discriminate against applicants of employees because of their race, color, religion, nation origin, age, disability, marital status, sexual orientation, or any other legally protected characteristic

**EMPLOYMENT HISTORY**

**\*RESUME MAY BE INCLUDED WITH APPLICATION; HOWEVER, REFERENCE TO ANY ATTACHMENTS IS NOT ACCEPTABLE IN THIS SECTION.**

Describe under the headings given your employment history, including military service. BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARD CONSECUTIVELY TO YOUR FIRST ONE. Applicants may be required to furnish satisfactory proof of experience claimed.

Name, Address and Telephone of Employer May we contact?	Start Date	End Date	Hours Per Week
	Reason(s) for leaving		Name of Immediate Supervisor
Job Title			
Description of Duties			

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Job Title			
Description of Duties			

**IF MORE SPACE IS REQUIRED, USE ADDITIONAL SHEETS ARRANGED IN THE SAME MANNER, ATTACH SUCH SHEET AT TOP OF PAGE.**

Unless otherwise noted, you hereby grant permission to contact the employers listed above concerning your work experience(s). If you have used a different name(s) with past employers, please provide such names in order that your employment history and educational background may be adequately verified.

SPECIAL SKILLS OR ABILITIES (OPTIONAL)

**RECORD OF EDUCATION**

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SCHOOL	SCHOOL NAME AND ADDRESS	COURSE/MAJOR	DEGREE OR CERT. RECEIVED
HIGH SCHOOL			
COLLEGE			
OTHER (SPECIFY)			

If you have a high school equivalency certificate, give place certificate was granted:

Other training (special courses, work training programs, armed forces training). Give name and location training was given, certificate (if any), subject of training, number of hours weekly and other details related to the job for which you are applying:

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

NAME and OCCUPATION	ADDRESS	PHONE NUMBER

**PLEASE READ AND SIGN**

**CERTIFICATION:** I certify that all statements made in connection with this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I also give consent for you to check with previous employers and personal references and release the Town, previous employees and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I shall indemnify and hold the Town of Canton, its officials, employees and volunteers harmless from any and all claims, injuries, damages, losses and suits including attorney fees, arising out of or in connection with the contacting my previous employers and personal references. I understand that acceptance of this form does not constitute an employment agreement and that any employment resulting from this application is terminable at will. I also understand that I must successfully pass any required qualifying test(s) for this position, including a pre-employment medical exam and physical agility test, if job related, and a drug screening test, if required. My signature below acknowledges that I have read this statement and understand it.

Date

SIGNATURE OF APPLICANT