

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	(First)		(Middle)	
Address	(City)		(State)	(Zip Code)
Telephone		Email address		
Driver's License Number		State	_ Expiration Date	
Are you a citizen of the United States? If no, please provide a copy of green				

JOB INTERESTS/SKILLS

Position(s) applied for	Salary Desired
Have you applied for a position here before?	If yes, when?
Type of employment requested Full Time Part Time	Temporary Summer
Date you could begin working Typin	g Speed (WPM)
Summarize any other special skills or qualifications	

EDUCATIO	N					
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						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer				
Address	(City)		(State)	(Zip Code)
Supervisor and Title		Your Title		
Employed From	. To			
Work Performed				
Reason for leaving				

2. Name of Employer			
Address (Street)	(City)	(State)	(Zip Code)
Supervisor and Title	Your Title		
Employed From To		_	
Reason for leaving			

(Street)	(City)	(State)	(Zip Code)
Supervisor and Title	Your Title		
mployed From To		_	
Vork Performed			

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 you	ur rolativos	work for the	City of Meriden?		
Do any or yo	ur relatives	work for the	City of Menden?	res 🗖	

If yes please name:

Name of Relative	Relationship

Do you reside with anyone working for the City of Meriden? Yes	No 🗌
If yes please name:	

Name	Relationship

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