

Application for Employment

Town of Sprague
 1 Main St. P.O. Box 677
 Baltic, CT 06330

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(Please Print)

Position(s) applied for	Date of Application
-------------------------	---------------------

How did you learn about us?
 Advertisement _____ Friend _____ Walk-in _____
 Employment Agency _____ Relative _____ Other _____

Last Name	First Name	Middle Name
Address number Street	City	State Zip Code
Telephone Number	E-Mail Address:	

If you are under 18 yrs. of age, can you provide required proof of your eligibility to work? Yes ___ No ___

Have you ever filed an application with us before? Yes ___ No ___

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment Yes ___ No ___

On what date would you be available for work? _____

Are you available to work: Full Time ___ Part Time ___ Temporary ___

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(remaining application on sheet 2, 3 and 4)

EDUCATION					
School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate ?	List Diploma or Degree
Elementary		N/A	5 6 7 8	yes	N/A
				no	
High			1 2 3 4	yes	
				no	
College			1 2 3 4	yes	
				no	
Other			1 2 3 4	yes	
				no	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates Employed		
	Dates Employed	Work Performed
1 Employer _____ Address _____ Tele.# _____ Job Title _____ Supervisor _____ Reason for Leaving _____	From: _____ To: _____ Hrly. Rate _____ Salary _____	_____ _____ _____ _____
2 Employer _____ Address _____ Tele.# _____ Job Title _____ Supervisor _____ Reason for Leaving _____	Dates Employed From: _____ To: _____ Hrly. Rate _____ Salary _____	_____ _____ _____ _____
3 Employer _____ Address _____ Tele.# _____ Job Title _____ Supervisor _____ Reason for Leaving _____	Dates Employed From: _____ To: _____ Hrly. Rate _____ Salary _____	_____ _____ _____ _____
4 Employer _____ Address _____ Tele.# _____ Job Title _____ Supervisor _____ Reason for Leaving _____	Dates Employed From: _____ To: _____ Hrly. Rate _____ Salary _____	_____ _____ _____ _____

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.
