



## Town of Plainfield

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

DEPT. OF PERSONNEL

TOWN HALL

8 Community Avenue

Plainfield, CT 06374

Phone (860) 230-3001 Fax (860) 230-3033

Email: [dmineau@plainfieldct.org](mailto:dmineau@plainfieldct.org)

# APPLICATION FOR EMPLOYMENT

JOB APPLYING FOR: \_\_\_\_\_

AVAILABLE AS OF: \_\_\_\_\_ PART TIME: \_\_\_\_\_ FULL TIME: \_\_\_\_\_

LAST NAME			FIRST NAME			MIDDLE		
STREET ADDRESS						P O BOX		
TOWN			STATE			ZIP CODE		
PHONE NUMBER								

ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT IN THIS COUNTRY? \_\_\_\_YES \_\_\_\_NO

ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL JOB FUNCTIONS LISTED IN THE JOB ANNOUNCEMENT OF THE POSITION APPLIED FOR? \_\_\_\_\_

DO YOU HAVE A CURRENT CT DRIVERS LICENSE? (IF YES, PLEASE INCLUDE LICENSE NUMBER AND EXPIRATION)? \_\_\_\_\_

DO YOU HAVE A CDL OR SPECIAL DRIVERS LICENSE? \_\_\_\_\_

ARE YOU LICENSED TO OPERATE ANY SPECIAL EQUIPMENT? \_\_\_\_\_

LIST ANY CURRENT CERTIFICATIONS (LIFEGUARD, FIRST AID, HAZ-MAT, ETC.)

\_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

<b>EDUCATION</b>		
<b>HIGH SCHOOL</b>	<b>STATE</b>	<b>HIGHEST GRADE OR DIPLOMA</b>
<b>IF YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE GIVE THE YEAR AND PLACE IT WAS GRANTED:</b>		
<b>COLLEGE</b>	<b>STATE</b>	<b>HIGHEST GRADE OR DIPLOMA</b>
<b>GRADUATE SCHOOL</b>	<b>STATE</b>	<b>HIGHEST GRADE OR DIPLOMA</b>

## WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB AND WORK BACK LISTING ALL PAID OR UNPAID, FULL OR PART-TIME WORK, MILITARY SERVICE, AND SUMMER JOBS PERFORMED DURING THE LAST TEN (10) YEARS. Use additional sheets of plain paper if you need more space.

1

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

2

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

3

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

4

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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

**REFERENCES: LIST THREE CONTACTS WHO HAVE AGREED TO GIVE REFERENCE OTHER THAN A RELATIVE.**

1. 

NAME	ADDRESS	PHONE #
------	---------	---------
2. 

NAME	ADDRESS	PHONE #
------	---------	---------
3. 

NAME	ADDRESS	PHONE #
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**OTHER QUALIFICATIONS:** List any additional special job related skills and qualifications. State any additional information you feel may be helpful to us in considering your application:

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**RECRUITING INFORMATION: How did you hear about this job? (Please check one)**

- ☐ NORWICH BULLETIN
- ☐ OTHER NEWSPAPER
- ☐ DEPARTMENT OF LABOR
- ☐ PROFESSIONAL JOURNAL. Please give name: \_\_\_\_\_
- ☐ PERSONNEL DEPARTMENT
- ☐ COMMUNITY AGENCY. Please give name: \_\_\_\_\_
- ☐ PRESENT EMPLOYEE
- ☐ OTHER. Please specify: \_\_\_\_\_

**Applicant's Statement:**

I certify that the answers given here are true, accurate 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. Prior to employment, a criminal background check will be completed. I understand that if I am employed by the **Town of Plainfield**, false or misleading information provided on my application or discovered during the course of an interview or during employment, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the **Town of Plainfield**.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Position: _____	Interview Date: _____
Starting Rate: _____	Start Date: _____

NOTES:

# TOWN OF PLAINFIELD

8 Community Avenue  
Plainfield, CT 06374  
860-230-3000

## NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Town of Plainfield shall submit to a urinalysis drug test as a mandatory part of the employment application process.

This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the town, in accordance with the procedure required by applicable state and federal regulations. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town or any other person other than to those persons for whom such disclosure is necessary. Positive test results or a refusal to sign this consent form and participate in pre-employment drug testing shall be grounds for denial of employment.

Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you acknowledge you have thoroughly read the foregoing notice and policy and you understand and agree that in order to be considered for employment with the Town, you will comply with the Town's drug testing policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date