

**TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT
41 Center Street, P.O. Box 191
Manchester, CT 06045-0191**

APPLICATION FOR SEASONAL WORK

Please answer all questions fully and accurately. All statements are subject to verification. Statements found to be false or misleading will lead to disqualification or dismissal.

Position Applied For: _____

Name: _____

Address: _____
Street City, State, Zip

Home Telephone: _____ Cell Phone: _____

E-mail address: _____

Age: Under 16 ____ Over 16 ____ Over 18 ____ Over 21 ____

Interested in: Full Time ____ Part Time ____

Dates Available for Work: From _____ To _____
month / year month / year

Name of Schools Attended: _____
Grade Completed

High School: _____

College: _____

Describe any special training, experience or certification which would be relevant to the position for which you are applying.

For Recreation positions, check all that apply:

	Expiration date	Expiration date
____ Lifeguard Training	_____	____ BLS-CPR _____
____ First Aid	_____	____ Other CPR _____
____ WSI	_____	

Other ____ Please List: _____

List two references below - not relatives:

<u>Name</u>	<u>Street, City, State, Zip</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Experience: Include volunteer experience - List current or most recent position first. Use additional paper if necessary.

Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Dates of From: _____ Hours Per Week: _____
Employ: To: _____
Position Title: _____ Why Left: _____
Duties: _____

.....

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Address: _____ Phone: _____
Dates of From: _____ Hours Per Week: _____
Employ: To: _____
Position Title: _____ Why Left: _____
Duties: _____

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Do you have a valid Connecticut motor vehicle operator's license? Yes No Operator No. _____

I certify that the statements on this application are true to the best of my knowledge. I also give consent for you to check with personal references, previous employers and educational institutions concerning my past employment and personal history and after a conditional offer is made to check criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement.

DRUG TESTING: The Town reserves the right to conduct pre-employment drug testing of all applicants. Applicants may be required to pass a test for drugs of abuse. Failure to pass such a test will result in the withdrawal of any offer of employment.

Signature: _____ Date: _____

**TOWN OF MANCHESTER, CONNECTICUT
AFFIRMATIVE ACTION QUESTIONNAIRE**

Instructions: Each applicant for employment with the Town of Manchester is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1. Ethnic Group: (check one)

- Hispanic or Latino _____
- White (Non Hispanic or Latino) _____
- Black or African American (Non Hispanic or Latino) _____
- Asian (Non Hispanic or Latino) _____
- Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino) _____
- American Indian or Alaska Native (Non Hispanic or Latino) _____
- Two or More Races (Non Hispanic or Latino) _____

2. Sex: Female _____ Male _____

3. Age: 16 or less _____ 17 to 25 _____ 26 to 40 _____
41 to 65 _____ 66 or older _____

4. Applied in Response to:

- _____ Town of Manchester Website _____ Town of Manchester Recruitment Hotline
- _____ Hartford Courant _____ Journal Inquirer
- _____ Careerbuilder.com _____ CT JobCentral.com
- _____ Referred by Town Employee _____ Real Match / The Job Network
- _____ Other Internet advertisement (please specify) _____
- _____ Other Newspaper (please specify) _____
- _____ Other (please specify) _____

I certify that the above information is correct. Please print legibly.

Position Applying For: _____ Date: _____

Name: _____ SSN: _____

Address: _____
(Street) (City) (State/Zip)

Email: _____ Telephone No. _____

Signature: _____

"Form A"

**TOWN OF MANCHESTER, CONNECTICUT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I give consent for you to check with personal references, previous employers and educational institutions concerning my past employment and personal history and to check criminal, credit and driving records. I release the Town, previous employers and educational institutions from any liability arising from the truthful disclosure of information concerning my employment or personal history.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I have read, understand and agree to the above.

Print Name

Signature

Position Title Applying For

Date of Birth

Drivers License Operator No.

Exp. Date

State Issued In

Current Address- please include street, city, state and zip code

Date