TOWN OF RIDGEFIELD, CONNECTICUT

APPLICATION FOR EMPLOYMENT

The Town of Ridgefield is an Equal Opportunity Employer. Except in cases of a bona fide occupational qualification or need, the Town does not discriminate against applicants for employment on the basis of race, color, religious creed, age, sex, sexual orientation, marital status, national origin, ancestry, genetic information, present or past history of mental disorder, mental retardation, learning disability or physical disability, including but not limited to blindness. Minorities, women and Veterans of the Uniformed Services are encouraged to submit applications to the town. If you require reasonable accommodation to complete the application and/or examination process, please contact Human Resources.

(PLEASE PRINT)						
Position(s) Applied For:	I Date of Application:					
		1				
		I				
Last Name	First Name		Middle Ini	tial		
			-			
5						
Present Address		City	State	Zip Code		
		ONY	olulo			
Telephone Number(s)						
Email:						
Have you ever been employed with us before?	□ Yes □ No If y	es give date				
Are you surrently employed?	No. Movine conto	at your propert amployer				
Are you currently employed?	No way we conta	ct your present employer	? 🗆 Yes	s 🗆 No		
Are you lawfully eligible to work in the United St	ates? □ Yes □	No				
Are you available to work: □ Full Time	□ Part Time □	Temporary 🗆 On C	Call			
On what data would you be available for work?	0	turned if a link warming it 0				
On what date would you be available for work?	Can you	travel if a job requires it?	⊔ res	🗆 No		
I understand that if offered a position by the Town of Ridgefield, I will be required to pass a post-offer physical, drug-						
screening and police background check to be hi						
rescinding of any job offer? □ Yes □ No						
EDUCATION						
Name and Address	Course of Study	Diploma				
of School	-	Degree				
Flomentory/Middle						
Elementary/Middle Schools						
Schools						
High						
School						
College						

Other (specify)

Describe any job-related training received in the United States Military.

PREVIOUS EMPLOYMENT					
	Firm Name/Address/phone #	Date (From – To)	Job Title/Duties Performed		
1		Reason For Leaving			
2		Reason For Leaving			
3		Reason For Leaving			
		PROFESSIONAL REFERENCES (Preferably not relatives)			
	Name	Address/Phone #	Occupation		

1	
2	
3	

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire, or if hired, termination. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information that they might have, personal or otherwise, with regard to any of the subjects covered by this application; and I release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive and verify all information given in this application. In consideration for my employment, I agree to conform to the rules and regulations set forth in the Employee Handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time at the employer's sole option and without prior notice to me.

Signature of Applicant _____ Date _____ Date _____