



Application for Employment

Town of Columbia
 323 Jonathan Trumbull Highway
 Columbia, CT 06237
 Phone: (860) 228-0110 Fax: (860) 228-1952

Application Date: _____
 Position(s) being applied for: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

Name:	Last	First	Middle
Address:	No.	Street	City State Zip
Email:			
Telephone:	Home		Daytime
	Area Code	No.	Area Code No.
Date available for work:	Drivers License: No.		State
Availability:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
EDUCATION	Elementary	High	College/Technical Graduate/Professional
School Name			
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 1 2 3 4
Diploma/Degree(s)			

CERTIFICATION: Attach photocopies of both sides of each certification to this form.
***Remember to bring originals to the office to be verified by staff.**

	Expiration Date	Copy on File (For Office Use Only)		Expiration Date	Copy on File (For Office Use Only)
Lifeguarding		Yes / No	First Aid		Yes / No
Waterfront LG		Yes / No	CPR		Yes / No
WSI		Yes / No	Other:		Yes / No

EXPERIENCE: Please describe any experiences you have had as a lifeguard.

I have worked as a lifeguard at a: POOL INLAND BEACH OCEAN BEACH WATERPARK

For how many years? _____

The Parks and Recreation Department does not guarantee a set amount of hours for any seasonal staff. Scheduled hours are subject to change due to inclement weather.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
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Job Title			
Supervisor			
Reason for Leaving			
Employer	Dates Employed	From:	To:
Address	Work Performed		
Job Title			
Supervisor			
Reason for Leaving			
Special skills and qualifications acquired from employment or other experience			

Are you a United States citizen or are you authorized to work in the United States? (Proof of citizenship or authorization to work in the United States will be required upon hire.) Yes _____ No _____

Answer ONLY if a driver's license is REQUIRED FOR THE POSITION YOU SEEK. Do you have a valid Connecticut driver's license? Yes _____ No _____

Empty space for additional information or notes.

Applicant's Statement

I certify that answers given herein are true 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. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Columbia.

Signature

Date