

NEWTOWN MUNICIPAL CENTER
3 PRIMROSE STREET
NEWTOWN, CONNECTICUT 06470
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TOWN OF NEWTOWN

OFFICE OF HUMAN RESOURCES

EMPLOYMENT APPLICATION

The Town of Newtown is an Equal Opportunity Employer. Applicants are considered for all positions without regard to age, sex, religion, race, color, national origin, handicap, and marital or veteran status.

Name _____ Date _____

Address _____ City _____ St. _____

Years at present address _____ Driver's License # _____ Telephone _____

Email address: _____

Previous address _____

Position Applied for _____ Rate of pay expected _____

Have you applied here before? _____ For what position? _____

List any friends/relatives currently working for us _____

Have you ever been discharged by an employer? _____ For what reason? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ (Proof of citizenship or immigration status shall be required upon employment.)

Were/are you a member of the U.S. Armed Forces? _____ Which branch? _____

PERSONAL REFERENCES

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

RECORD OF EDUCATION

College/University _____ Degree _____

High School _____

RECORD OF EMPLOYMENT

May we contact your present/most recent employer? _____

➤ Employer/Address _____

Position Held _____ Dates of Employment _____

Reason for Leaving _____

➤ Employer/Address _____

Position Held _____ Dates of Employment _____

Reason for Leaving _____

➤ Employer/Address _____

Position Held _____ Dates of Employment _____

Reason for Leaving _____

➤ Employer/Address _____

Position Held _____ Dates of Employment _____

Reason for Leaving _____

➤ **Please list any qualifications, certifications, special skills:** _____

I certify that all information provided on this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. I understand that the information is subject to verification by the Town of Newtown and that incomplete, false, misleading or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I authorize the investigation of all statements contained in this application.

Applicants Signature

Date