

TOWN OF SEYMOUR

Employment Application



The Town of Seymour is an Equal Opportunity/Affirmative Action committed to excellence through diversity. The Town of Seymour does not discriminate on the basis of religious creed, race, color, national origin, ancestry, marital status, sex, sexual orientation, gender identity or expression, military veteran status, disability (including learning or mental disability), age, genetic information, pregnancy, or any other legally protected characteristics status (except where such characteristics constitute a necessary bona fide position qualification), or any other legally protected status protected under applicable federal, state or local law.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions.

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Date Available	Desired Salary	
Position Applying for		
What days of the week are you available to work? Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___		
Are you 18 years of age or older? YES NO	If no, what is your current age?	
Are you authorized to work in the United States? YES NO		
Do you hold a driver's license? YES NO	If yes, please include the state of issue and license number:	

EDUCATION		
High School	Address	Did you graduate or receive a GED? YES NO
College	Address	
Did you graduate? YES NO	Degree & Area of Study	
Graduate School / Other Education	Address	
Did you graduate? YES NO	Degree & Area of Study	

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Previous Employment

You may attach a Resume in lieu of this page.

Company		Phone
Address		Supervisor
Job Title		
Responsibilities:		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities:		
From	To	Reason for Leaving
May we contact your previous Supervisor for a reference?		Yes No
Company		Phone
Address		Supervisor
Job Title		
Responsibilities:		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES NO
MILITARY SERVICE (IF APPLICABLE)		
Branch		From To
Rank at Discharge		Type of Discharge
If other than honorable, explain		

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REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		
Full Name		Relationship
Company		Phone
Address		

DISCLAIMER AND SIGNATURE

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Town of Seymour, any misrepresentation or false statement contained herein may be considered cause for possible dismissal.

Signature	Date
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Applications will stay on file for one year.

Town of Seymour

Voluntary Affirmative Action Information

Position Applied for:

The Town of Seymour considers applications for all positions without regard to religious creed, race, color, national origin, ancestry, marital status, sex, sexual orientation, gender identity or expression, military veteran status, disability - including learning or mental disability - age, genetic information, pregnancy, or any other legally protected characteristic status, except where such characteristics constitutes a necessary bona fide position qualification - or any other legally protected status protected under applicable federal, state, or local law. As required, the Town of Seymour complies with government regulations including the Affirmative Action requirements of Section 503 of the Rehabilitation Act

Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Your cooperation is appreciated.

APPLICANT AFFIRMATIVE ACTION DATA

Gender: Male Female

White – (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black – (not of Hispanic origin) – All persons having origin in any of the Black Racial groups of Africa.

Hispanic– All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.

American Indian/Alaskan native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.

Other – Please Specify _____

DISABLED VETERANS

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam and qualified handicapped individuals.

You are invited to volunteer this information. If you qualify, to assist in the proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

Please check if any of the following are applicable:

Vietnam Era Verteran Disabled Veteran Individual with Disability

Name of Applicant (Optional) _____