



300 Alwater Street  
 Plantsville, CT 06479  
 Tel. 860-276-0021  
 Fax 860-621-6100

# EMPLOYMENT APPLICATION

Date \_\_\_\_\_

Name (last, first, middle)

Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

If employed, can you provide valid documentation, as required by the U.S. Department of Justice, affirming your eligibility to work in the United States? No  Yes

Date of Birth (optional)

Position(s) applying for

Full Time

Part Time  ( morning  afternoon  )

Pay Expected \$ \_\_\_\_\_

Date Available for Work

Will you be able to work Overtime/Extra Days?

## EDUCATION RECORD

HIGH SCHOOL

Address

Dates Attended

Degree or Diploma Received

COLLEGE/UNIVERSITY

Address

Dates Attended

Degree Received

TRADE OR TECHNICAL TRAINING

Address

Dates Attended

Degree Received

## PERSONAL DATA

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment.

No  Yes  If yes, please explain.

Names of friends or relatives who are employed by this company.

Are there any limitations that may prevent you from performing the job you are applying for? No  Yes  If yes, please explain.

Person to notify in case of emergency:

Phone ( ) \_\_\_\_\_

# EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

## 1. Employer

Dates of employment

Address

City

State

Zip Code

Phone ( )

Beginning Salary

Ending Salary

Title/duties

Supervisor's Name

Reason for leaving

## 2. Employer

Dates of employment

Address

City

State

Zip Code

Phone ( )

Beginning Salary

Ending Salary

Title/duties

Supervisor's Name

Reason for leaving

## 3. Employer

Dates of employment

Address

City

State

Zip Code

Phone ( )

Beginning Salary

Ending Salary

Title/duties

Supervisor's Name

Reason for leaving

Please list any machinery, equipment, and skills of which you have experience.

# REFERENCES

List two professional references who are familiar with the quality of your work, have known you at least two years, and are not related.

## 1. Reference

Phone ( )

Address

City

State

Zip Code

## 2. Reference

Phone ( )

Address

City

State

Zip Code

Please read carefully before signing

I certify that the information contained in this application is truthful and correct. I understand that falsification of this information can result in rejection of this application or dismissal if I am hired. I authorize investigation of all statements contained in this application. I hereby waive written notice for employment information being supplied by a person or entity. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Director or designated employee of this corporation. I understand that employment offers are conditional upon the successful completion of a physical examination, to be paid by S.T.M.C., and that S.T.M.C. will attempt to make reasonable accommodation for known disabilities of qualified candidates or employees.

APPLICANT'S SIGNATURE

DATE