



TOWN OF KENT

41 Kent Green Blvd.
P.O. Box 678
KENT, CT 06757

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Applying For:

Name or type of position: _____

Type of employment desired: ☐ Full Time ☐ Part Time ☐ Seasonal

Have you previously filed an application with the Town of Kent? ☐ Yes ☐ No

If yes, please list position and date: _____

Personal Information:

Last Name: _____ First Name: _____ Middle Int: _____

Other name(s) under which you have been employed or attended school: _____

Mailing Address (P.O. Boxes are not acceptable)

Street: _____ City: _____

State: _____ Zip: _____

How long at this address: _____

List any previous address if at current address less than five years: _____

Home Phone: _____ Work phone: _____ Cell Phone: _____

Preferred #: ☐ Home Phone ☐ Work Phone ☐ Cell Phone

Driver's License Number: _____ State: _____

Type (Class) _____ CDL: ☐ Yes ☐ No

Education

High School: _____

Graduated: ☐ Yes ☐ No

College: _____

Last Year Completed: _____ Graduated: ☐ Yes ☐ No

Subjects Studied and Degree Received: _____

Trade, Business or Correspondence School: _____

Last Year Completed: _____ Graduated: ☐ Yes ☐ No

Subject Studied & Degree(s) Received: _____

Former Employers (List below your last four employers, starting with the most recent.):

Hire Date: _____ Termination Date: _____

Name & Address of Employer: _____

Salary (upon leaving): _____ Position: _____

Reason for Leaving: _____

Hire Date: _____ Termination Date: _____

Name & Address of Employer: _____

Salary (upon leaving): _____ Position: _____

Reason for Leaving: _____

Hire Date: _____ Termination Date: _____

Name & Address of Employer: _____

Salary (upon leaving): _____ Position: _____

Reason for Leaving: _____

Hire Date: _____ Termination Date: _____

Name & Address of Employer: _____

Salary (upon leaving): _____ Position: _____

Reason for Leaving: _____

References (List 3 persons not related to you, whom you have known at least one year):

Name: _____ Relationship: _____

Address: _____

Phone number: _____ Years acquainted: _____

Name: _____ Relationship: _____

Address: _____

Phone number: _____ Years acquainted: _____

Name: _____ Relationship: _____

Address: _____

Phone number: _____ Years acquainted: _____

PRE-EMPLOYMENT STATEMENT (Please read carefully):

I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge. I understand that incomplete, false, inaccurate, or misleading information given on my application, during my interview(s) or during the course of my employment may result in the rejection of this application; withdrawal of a job offer; or discipline up to and including termination of employment. Further, false information provided, whether willingly or accidental, may result in my immediate dismissal of employment, whenever the omission or falsehood is discovered.

I authorize you to make such investigations and inquiries of my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from liability in responding to inquiries in connection with my application.

I understand that I am required to abide by all rules and regulations of the Town of Kent. Any offer of employment will be contingent upon passing a drug test and medical examination.

I have read, understand and agree to the foregoing.

Signature of Applicant: _____ Date: _____