

9 Route 39 North
P.O. Box 39
Sherman, CT 06784



(860) 355-1139
(860) 355-6943 fax
www.townofshermanct.org

**TOWN OF SHERMAN CONNECTICUT
MALLORY TOWN HALL**

								DATE																																									
SOCIAL SECURITY NUMBER																																																	
			<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
NAME (Last)				(First)				(MI)	SUFFIX (JR.)																																								
ADDRESS (Number and Street)																																																	
CITY								STATE	ZIP CODE (Last 4 digits are optional)																																								
AREA CODE				HOME PHONE NUMBER				DAYS/HOURS AVAILABLE TO WORK																																									
POSITION APPLIED FOR																																																	
DESIRED HOURLY RATE OF PAY				Drivers License		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you are 17 years old or younger, enter your age																																									
What kind of position are you applying for?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Either	HOW MANY HOURS CAN YOU WORK PER WEEK?																																												
EDUCATION: Have you graduated from High School or received a High School equivalency diploma?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, circle highest grade completed:																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">SCHOOL</th> <th rowspan="2">NAME</th> <th rowspan="2">ADDRESS</th> <th colspan="2">DATES ATTENDED</th> <th rowspan="2">CREDIT HOURS COMPLETED</th> <th rowspan="2">TYPE OF DEGREE RECEIVED</th> <th rowspan="2">MAJOR COURSE OF STUDY</th> <th rowspan="2">DID YOU GRADUATE?</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>HIGH SCHOOL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TECHNICAL OR BUSINESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>COLLEGE OR UNIVERSITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?	FROM	TO	HIGH SCHOOL									TECHNICAL OR BUSINESS									COLLEGE OR UNIVERSITY								
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HAVE YOU EVER BEEN CONVICTED OF A CRIME?				<input type="checkbox"/> Yes	<input type="checkbox"/> No																																												
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.																																																	
List additional skills, knowledge and abilities you possess:																																																	

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment**. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time) (Part-time)
					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From: (Mo.)	(Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wage \$	Hours Per Week (Full-time) (Part-time)
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					Per	
No. and Titles of Employees Supervised by You				Reason for Leaving		
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: _____ DATE: _____