

**THANK YOU FOR APPLYING FOR A SEASONAL  
POSITION WITH  
THE TOWN OF KILLINGLY PARKS & RECREATION  
DEPARTMENT.**



**IT IS IMPORTANT FOR YOU TO PRINT  
CLEARLY & COMPLETE EACH FIELD OF  
THIS APPLICATION.**

**IF YOU HAVE ANY QUESTIONS PRIOR  
TO SUBMITTING THE APPLICATION  
PLEASE CALL 860-779-5390.**

**WE HIGHLY ENCOURAGE ALL  
APPLICANTS TO PROVIDE US WITH A  
RESUME AND BRIEF COVER LETTER**



# TOWN OF KILLINGLY

**TOWN MANAGER'S OFFICE**  
172 Main Street, Killingly, CT 06239  
Tel: 860-779-5300 ext. 7

## SEASONAL EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

**The Town only accepts applications for open positions. Applicants are required to complete each section. You are not required to furnish any information which is prohibited by federal, state, or local law.**

### PERSONAL INFORMATION

PRINT (Last Name, First, Middle) \_\_\_\_\_

(\*\*Social Security #) \_\_\_\_\_

(Street Address) \_\_\_\_\_

(Home Telephone) \_\_\_\_\_

(City, State, Zip Code) \_\_\_\_\_

(Cell or Work Telephone) \_\_\_\_\_

(Mailing Address, if different) \_\_\_\_\_

Can you be contacted at  
work? ☐ Yes ☐ No

(If less than 12 months at above address, list previous address.) \_\_\_\_\_

**\*\*Email Address:** \_\_\_\_\_

Are you legally authorized to accept employment in this country?  
(Proof of citizenship or immigration status will be required upon employment.)

☐ Yes ☐ No

Do you have adequate means of transportation to get to work on time each day?

☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No Class \_\_\_\_\_ State \_\_\_\_\_

License# \_\_\_\_\_

Have you previously been employed by the Town of Killingly?  
If yes, indicate below the department and the date which you worked for the Town.

☐ Yes ☐ No

Department: \_\_\_\_\_

Dates (From/To) \_\_\_\_\_

### EMPLOYMENT HISTORY: Please list the last employer.

1. **Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Type of Employer: \_\_\_\_\_ Tel. # \_\_\_\_\_

Title: \_\_\_\_\_ Employed from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Duties: \_\_\_\_\_

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Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason(s) for leaving or desiring change: \_\_\_\_\_

**Seasonal Employment Application****EDUCATION/TRAINING**

High School and Location: \_\_\_\_\_

Graduated: ☐ Yes ☐ No Year Graduated: \_\_\_\_\_ or GED: ☐ Yes ☐ No GED Obtained: \_\_\_\_\_

College/University Name and Location: \_\_\_\_\_

Major(s): \_\_\_\_\_ Total Years Attended: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Degree(s) Obtained: \_\_\_\_\_

Other Education: Name, Location(s) &amp; Degrees: \_\_\_\_\_

Licenses and/or Certifications: \_\_\_\_\_

**I understand that providing false information or willful misrepresentation may cause the applicant for employment to be rejected or may cause dismissal if hired.**\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)**AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

I have applied for employment at the Town of Killingly. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. By signing below, I hereby voluntarily authorize the Town and its officials, agents, and employees to conduct a background check, including obtaining any criminal, civil or administrative records, motor vehicle records, employment records, educational, licensing or regulatory records, credit information and information about my character and general reputation, and to consider the information provided by the background check when making decision regarding my employment with the Town.

I release the Town, its officials, agents and employees and the providers of any such information or records from any and all liability for damage of whatever kind which may at any time result to me, my heirs or assigns, because of compliance with this authorization, the conduct of this investigation and release of information or any attempt to comply with it. **A photocopy or facsimile of this authorization may be accepted in lieu of the original.**

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
Name (Printed or Typed)\_\_\_\_\_  
Date**Required Information for Background Information: Date of Birth** \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN SIGNATURE AUTHORIZING  
BACKGROUND CHECK IS REQUIRED**

\_\_\_\_\_  
If applicant is under 18 years of age, Parent/Guardian Signature\_\_\_\_\_  
Name (Printed or Typed)Visit us on the web at [WWW.KILLINGLYCT.GOV](http://WWW.KILLINGLYCT.GOV)



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## EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION QUESTIONNAIRE

The Town of Killingly is requesting that each applicant completes the following questions so that accurate records of the recruitment process may be maintained. Completion of the questionnaire is **not required** for the application process and **will not be considered** in the selection or hiring process.

Information provided will be kept separate from the regular application and will be used for federal reporting requirements only.

Your cooperation in completing this form is appreciated and will enable the Town to evaluate its recruitment process in accordance with federal, state and local requirements.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

GENDER: ☐ Male ☐ Female

### RACE/ETHNIC GROUP:

- ☐ White ☐ Asian ☐ Black or African American  
or Other Pacific Islander
- ☐ American Indian/  
Alaskan Native ☐ Native Hawaiian or Other ☐ Hispanic or Latino
- ☐ Race missing or unknown (All races)

DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_

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