



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street
Killingly, CT 06239
Tel: 860-779-5334

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

(Last Name, First, Middle)

(Social Security #)

(Street Address)

(Home Telephone)

(Mailing Address, if different)

(Work Telephone)

(City, State, Zip Code)

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? Yes No
If yes, indicate below the department and the date which you worked for the Town.

Department:	Dates (From/To)
_____	_____
_____	_____

EMPLOYMENT HISTORY

Please list last employer.

1. **Employer:** _____

Address: _____

Type of Employer: _____ Tel. # _____

Title: _____ Employed from _____ / _____ to _____ / _____

Earnings: _____ per hour weekly annual

Duties: _____

Visit us on the web at WWW.KILLINGLYCT.GOV

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) & 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



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street
Killingly, CT 06239
Tel: 860-779-5335

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION QUESTIONNAIRE

The Town of Killingly is requesting that each applicant complete 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
(All races)
- Race missing or unknown

DATE: _____

POSITION: _____

Visit us on the web at WWW.KILLINGLYCT.GOV



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street, Killingly, CT 06239
Tel: 860-779-5335 Fax: 860-779-5382

EMERGENCY NOTIFICATION FORM

Employee Name

Department

Residence Address

Mailing Address (If different from residence address)

Home Telephone Number

Name of Emergency Contact #1

Relationship

Daytime Address of Emergency Contact

Telephone Number for Emergency Contact

2nd Telephone Number for Emergency Contact

Name of Emergency Contact #2

Relationship

Daytime Address of Emergency Contact

Telephone Number for Emergency Contact

2nd Telephone Number for Emergency Contact

Please return this form to the Town Manager's Office so it may be filed in your personnel file.