

# TOWN OF STONINGTON 2015 SUMMER EMPLOYMENT APPLICATION

**ORIGINAL APPLICATIONS MUST BE RETURNED TO:  
ADMINISTRATIVE SERVICES, 152 ELM ST., STONINGTON, CT 06378  
BY 3:30 PM, ON MARCH 31, 2015**

**PAGE 1**

**YOU MUST CIRCLE ALL POSITIONS YOU WISH TO APPLY FOR:**

Playground Supervisor

Grounds Maintenance Crew

Playground Counselor

Playground Junior Counselor

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, sexual orientation, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process. **YOU MAY BE REQUIRED TO SUBMIT TO A DRUG TEST AS PART OF APPLICATION PROCESS.**

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST	FIRST	MIDDLE INITIAL
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PRESENT ADDRESS \_\_\_\_\_

STREET	CITY	STATE	ZIP CODE
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PERMANENT ADDRESS \_\_\_\_\_

STREET	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

## EDUCATION AND TRAINING

Circle highest grade completed

7	8	9	10	11	12
13	14	15	16	17	18

High School Equivalency Test Date completed \_\_\_\_\_

TYPE OF SCHOOL	NAME & LOCATION	TYPE OF DIPLOMA/DEGREE	MAJOR/MINOR FIELD OF STUDY	DATES ATTENDED
High School or Vocational				
Undergraduate College or University				
Graduate School of University				
Other				

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 PRINT NAME

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**WORK EXPERIENCE: List your current/previous employers below. Do not state "See Resume"**


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EMPLOYER:

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 COMPANY NAME

---

 COMPANY PHONE NUMBER

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 STREET ADDRESS

---

 CITY

---

 STATE

---

 ZIP CODE

---

 EMPLOYMENT DATES FROM TO

---

 REASON FOR LEAVING

---

 JOB TITLE

---

 SALARY BEGINNING

---

 ENDING

---

**PLEASE USE THE SPACE BELOW TO PROVIDE DETAILS OF YOUR JOB RESPONSIBILITIES AT THIS COMPANY**


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EMPLOYER:

---

 COMPANY NAME

---

 COMPANY PHONE NUMBER

---

 STREET ADDRESS

---

 CITY

---

 STATE

---

 ZIP CODE

---

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EMPLOYER:

---

 COMPANY NAME

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 COMPANY PHONE NUMBER

---

 STREET ADDRESS

---

 CITY

---

 STATE

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 ZIP CODE

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 EMPLOYMENT DATES FROM TO

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 REASON FOR LEAVING

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 JOB TITLE

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 SALARY BEGINNING

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 ENDING

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**PLEASE USE THE SPACE BELOW TO PROVIDE DETAILS OF YOUR JOB RESPONSIBILITIES AT THIS COMPANY**


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\_\_\_\_\_  
PRINT NAME

**Please provide the names of three (3) person, other than relatives, who are familiar with your job  
REFERENCES qualifications and work performance**

NAME	ADDRESS	PHONE NUMBER	POSITION
1			
2			
3			

I understand that any employment is conditioned on a background check. I authorize the Town of Stonington to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers to disclose information regarding my former employment, character and general reputation to the Town of Stonington without giving me prior notice of such disclosure. In addition, I release the Town of Stonington, and former employers listed above from any and all claims, demands or liabilities arising out of or related to such investigations of disclosure.

\_\_\_\_\_  
**initial**

**If I am offered employment, I understand, the Town of Stonington may conduct a urinalysis drug test as part of the application process if required by my job duties and responsibilities. The urinalysis drug test will be performed using a reliable methodology. The results of any such test shall be confidential and shall not be disclosed by the employer or its employees to any person other than any such employee to whom such disclosure is necessary; the results shall be maintained along with other employee medical records.**

\_\_\_\_\_  
**initial**

If hired, I understand that I may be required to submit to a medical examination and/or drug test at any time deemed appropriate by the Town of Stonington, as permitted by law. I agree and consent to such examinations and tests, I request that the examining doctor disclose to the Town of Stonington the results of the examination, which shall remain confidential and segregated from my personnel file. I understand that my employment and continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test. If I am hired, a condition of my employment will be that I abide by the Town of Stonington's Substance Abuse Policy.

\_\_\_\_\_  
**initial**

**NOTE: IN THE ABSENCE OF A WRITTEN AGREEMENT TO THE CONTRARY, YOUR EMPLOYMENT WITH THE TOWN OF STONINGTON IS "AT WILL". YOU MAY BE TERMINATED FROM YOUR EMPLOYMENT FOR ANY REASON AT ANY TIME WITH OR WITHOUT WRITTEN NOTIFICATION.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE