

PRINT NAME

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

EMPLOYER:

COMPANY NAME		COMPANY PHONE NUMBER		
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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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