



**TOWN OF STONINGTON  
EMPLOYMENT APPLICATION**

*An Equal Opportunity Employer*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <ol style="list-style-type: none"> <li>1. Answer all questions carefully and completely. Please type or print neatly.</li> <li>2. Attach additional sheets as required.</li> <li>3. Misstatements of any kind may invalidate your application, examination, and subsequent appointment.</li> <li>4. All information requested is required by Federal regulations or as a part of the hiring process. Failure to accurately and completely provide all the requested information may disqualify the applicant from a Commercial Driver's position.</li> </ol> |
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Send To: Administrative Services  
152 Elm Street  
Stonington, CT 06378  
(860) 535-5000

**SECTION I – Personal Information**

Today's Date: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cellular telephone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

If at the above address for less than 3 years, continue listing prior addresses below to cover the previous 3 year period:

1) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

2) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

3) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**SECTION II – CDL License, Medical Card & Driving History**

Do you have a current and valid Medical Examiner's Certificate?  Yes  No Expiration Date \_\_\_\_\_

Driver's License Information: all licenses held, last 3 years:

State	CDL License Number	Endorsements	Restrictions	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Driving Experience:**

Types of vehicles driven	Dates to /from	Approximate Miles Driven
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been involved in any motor vehicle accidents within the last 3 years?  Yes  No (If YES please explain)

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Describe \_\_\_\_\_

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Describe \_\_\_\_\_

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Describe \_\_\_\_\_

Have you received any traffic citations within the last 3 years?  Yes  No (If YES please explain)

Date \_\_\_\_\_ State \_\_\_\_\_ Violation \_\_\_\_\_ Commercial Vehicle:  Yes  No

Date \_\_\_\_\_ State \_\_\_\_\_ Violation \_\_\_\_\_ Commercial Vehicle:  Yes  No

Date \_\_\_\_\_ State \_\_\_\_\_ Violation \_\_\_\_\_ Commercial Vehicle:  Yes  No

Have you ever had any driver's license denied, suspended, revoked or canceled?  Yes  No

If yes; What State Took the Action? \_\_\_\_\_ What State Issued the Original License? \_\_\_\_\_

Explain the Circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III – Employment History**

Employment History, last 10 years (CFR 383.35)—account for gaps between employers:

(If owner/operator, list carriers leased to)

1) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?  Yes  No

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?  Yes  No

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

3) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?  Yes  No

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

4) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?  Yes  No

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

5) Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip code: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations or 49CFR Part 40, controlled substance/alcohol testing during this period?  Yes  No

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applicant's Signature)

**AUTHORIZATION:** Please read each paragraph below and intial on line under each paragraph. I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand tht any false statement, omission, or misrepresentation in this application is sufficient for refusal to hire, or dismissal if I have been employed, no maer when discovered.

\_\_\_\_\_ 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.**

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE