

TOWN OF STONINGTON 2024 TRANSFER STATION EMPLOYMENT APPLICATION

**ORIGINAL APPLICATIONS MUST BE RETURNED TO:
ADMINISTRATIVE SERVICES, 152 ELM ST., STONINGTON, CT 06378
BY 3:30 PM, ON FRIDAY, APRIL 26, 2024**

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- 1. MAILED TO ADMINISTRATIVE SERVICES, 152 ELM ST., STONINGTON, CT 06378**
- 2. PUT IN THE DROP BOX AT THE TOP OF THE STAIRS AT STONINGTON TOWN HALL**
- 3. EMAILED TO Jobs@stonington-ct.gov**

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 _____

Are you a United States Citizen? _____ YES _____ NO

Are you eligible to work in the United States _____ YES _____ NO

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				

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

JOB TITLE

REASON FOR LEAVING

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

EMPLOYER:

COMPANY NAME

COMPANY PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

EMPLOYMENT DATES FROM TO

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CITY

STATE

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REASON FOR LEAVING

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

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			

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 that any false statement, omission, or misrepresentation in this application is sufficient for refusal to hire, or dismissal if I have been employed, no matter when discovered.

_____ **initial**

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