



# Town of Coventry

1712 Main Street • Coventry, CT 06238 • Fax (860) 742-8911

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_

Position Applying For: \_\_\_\_\_

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

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Have you filed an application or been employed by the Town of Coventry in the past?

Yes\_\_\_\_\_/Dates:\_\_\_\_\_ No\_\_\_\_\_

Are you a citizen of the United States? Yes\_\_\_\_ No\_\_\_\_\_

If not, do you have an Alien Registration Card? Yes\_\_\_\_ No\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes\_\_\_\_ No\_\_\_\_\_

Are you available to work: Full Time\_\_\_\_ Part Time\_\_\_\_\_

Are you over the age of 18? Yes\_\_\_\_ No\_\_\_\_\_

In case of accident or emergency, please notify:

\_\_\_\_\_  
Name Address Phone

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Type(Class): \_\_\_\_\_  
CDL: Yes \_\_\_\_\_ No \_\_\_\_\_ Operator's # \_\_\_\_\_

Education History:

Specialized Training and Skills: Please list any specialized training, apprenticeship, skills, or experience relevant to the position for which you are applying.

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	High School	College	Graduate
<b>School Name</b>			
<b>Years Completed</b>	9 10 11 12	1 2 3 4	1 2 3 4
<b>Course of Study</b>			

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List trade or professional organizations of which you are a member, including offices held.

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Employment Experience:

In the space provided, please list your employment history beginning with your most recent employer.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

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

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

