



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.

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

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

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: ____/____

2. Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

Your Position: _____ Duties: _____

Reason for Leaving: _____

Employed From: ____/____ To: ____/____

3. Employer: _____ Phone: _____

Address: _____

Name and Title of Supervisor: _____

Your Position: _____ Duties: _____

Reason for Leaving: _____

Employed From: ____/____ To: ____/____

