

TOWN OF SHARON, CT
LITTLE RASCALS SUMMER PROGRAM
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
How long at this address? _____ Age: _____ Date of Birth: _____			Social Security #

Employment Desired

Position:	Date you can start?	Salary Desired
Are you employed now? Y N		
If so, may we inquire of your present employer? Y N		
Are you legally eligible for employment in the United States? Y N (Proof of citizenship or immigration status will be required upon employment)		
Special training or skills (languages, talents, first aid, CPR, course, siblings, other experiences with children)?		
What licenses, certifications do you have relating to your work area?		

Education

School	Name & Location	Course of Study	Did you Graduate?	When
College				
High School				
Elementary				
Other				

Employment Experience

(List below your last four employers, starting with the last, or current one, first.)

Company Name	Telephone
Address	When Employed From: To:
Name of Supervisor	Hourly Pay: Start: Last:
Job title and description of work:	Reason for leaving:

Company Name	Telephone
Address	When Employed From: To:
Name of Supervisor	Hourly Pay: Start: Last:
Job title and description of work:	Reason for leaving:

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Company Name	Telephone
Address	When Employed From: To:
Name of Supervisor	Hourly Pay: Start: Last:
Job title and description of work:	Reason for leaving:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Additional Information About Yourself

Authorization

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without previous notice.

Date: _____ Signature: _____

In an emergency, notify: Name: _____

Address: _____ Phone: _____