



300 Atwater Street
 Plantsville, Ct 06479
 (860) 276-0021 Phone
 (860) 621-1506 Fax

EMPLOYMENT APPLICATION

DATE _____

Name (Last, First, Middle): _____ Social Security Number: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

If employed, can you provide valid documentation, as required by the U.S. Department of Justice, affirming your eligibility to work in the United States? No Yes

Date of Birth (optional) _____ Position(s) Applying For: _____

Full Time Part Time (morning , afternoon) Pay Expected \$ _____

Date Available for Work _____ Will you be able to work Overtime/Extra Days? _____

EDUCATION RECORD

HIGH SCHOOL Address _____

Dates Attended _____ Degree or Diploma Received _____

COLLEGE/UNIVERSITY Address _____

Dates Attended _____ Degree Received _____

TRADE OR TECHNICAL SCHOOL Address _____

Dates Attended _____ Degree Received _____

PERSONAL DATA

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. (You are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been erased)

No Yes If Yes, please explain: _____

Names of friends or relatives who are employed by this company: _____

Are there any limitations, whether physical or otherwise, that may prevent you from performing the job you are applying for?

No Yes If Yes, please explain: _____

Person to Notify in case of an emergency: _____ Phone () _____

EMPLOYMENT HISTORY

Begin with most recent employer. Attach additional sheet if needed.

1. Employer:

Dates of Employment:

Address _____ City _____ State _____ Zip Code _____

Phone _____ Beginning Salary _____ Ending Salary _____
()

Title/Duties _____ Supervisor's Name _____ Reason for Leaving _____

2. Employer:

Dates of Employment:

Address _____ City _____ State _____ Zip Code _____

Phone _____ Beginning Salary _____ Ending Salary _____
()

Title/Duties _____ Supervisor's Name _____ Reason for Leaving _____

3. Employer:

Dates of Employment:

Address _____ City _____ State _____ Zip Code _____

Phone _____ Beginning Salary _____ Ending Salary _____
()

Title/Duties _____ Supervisor's Name _____ Reason for Leaving _____

Please list any machinery, equipment and skills in which you have experience:

REFERENCES

List two professional references that are familiar with the quality of your work, have known you at least two years, and are not related to you.

1. Reference:

Phone ()

Address _____ City _____ State _____ Zip Code _____

2. Reference:

Phone ()

Address _____ City _____ State _____ Zip Code _____

Please read carefully before signing:

I certify that the information contained in this application is truthful and correct. I understand that falsification of this information can result in rejection of this application or dismissal if I am hired. I authorize investigation of all statements contained in this application. I hereby waive written notice for employment information being supplied by a person or entity. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Director or designated employee of this corporation. I understand that employment offers are conditional upon the successful completion of a physical examination and drug screen, to be paid by STMC, and that STMC will attempt to make reasonable accommodation for known disabilities of qualified candidates or employees.

APPLICANT'S SIGNATURE _____

DATE _____