

SUFFIELD PARKS & RECREATION DEPARTMENT 230C Mountain Rd., Suffield, CT 06078
 (860) 668-3862 – Phone, (860) 668-3863 - Fax
EMPLOYMENT APPLICATION

Position for which you are applying: _____

NAME: _____

Last First Middle Initial

Address: _____ Email: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: _____ Past 16th Birthday: YES ___ NO ___

EDUCATION AND TRAINING

	School	How Many Yrs.	Graduated		Course or Major
			Yes	No	
HIGH SCHOOL					
COLLEGE					
OTHER QUALIFICATIONS					

WATERFRONT _____ WSI _____ LGT _____ CPR _____ FIRST AID _____ EMT _____ EMR _____

EMPLOYMENT HISTORY:

1. Name of Employer: _____ Job Title: _____

Address: _____ Dates Employed: _____

Description of Work: _____

Supervisor's Name and Telephone #: _____

2. Name of Employer: _____ Job Title: _____

Address: _____ Dates Employed: _____

Description of Work: _____

Supervisor's Name and Telephone #: _____

REFERENCES: (Not former employers)

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

Have you ever been convicted of a crime? _____ No _____ Yes If yes, please explain _____

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ___ Yes ___ No

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE : _____

Signature Date

THE TOWN OF SUFFIELD IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER