



**APPLICATION FOR EMPLOYMENT
 FOR INTERNAL APPLICANTS ONLY**
 This application must be completed in full and signed.

INSTRUCTIONS

If you are currently an employee seeking a transfer or promotion, this application should be completed in full. Obtain a copy of the job/position posting before completing this application. The posting includes important information such as: the position title, minimum requirements for the position, closing date for applications, and other job-related information. The posting also contains application filing instructions which detail what documents need to be submitted to apply for the position and where and how to submit your application package. Follow all application filing instructions carefully. A separate application form must be submitted for each position you are applying for. Applications are only accepted for currently posted positions.

The Town of Rocky Hill is an Equal Employment Opportunity employer and complies with the Americans' with Disabilities Act.

GENERAL INFORMATION

First Name:		Last Name:		Middle:		Suffix:	
Address:			City:		State:		Zip Code:
Phone Number:			Email Address:				
Current Position:		Department:			Current Bargaining Unit (if any):		
Position Applying For:							
Are you a U.S. citizen or legally eligible to work in the United States?				Check One:		YES	NO
Do you currently have a valid Motor Vehicle Driver's License?				Check One:		YES	NO
State:	License #	If Commercial (CDL), please list class:			If you have endorsements, please list type:		
Please explain your reason for application.							

MILITARY RECORD

Have you served in the military? Check One: YES NO

Branch of Service:	Dates Served:	Type of Duty:
Special Training Received:		

APPLICANT EDUCATION

Select highest grade completed: 9 10 11 12 High School Equivalency

College: Certificate Associate Bachelor's Master's Doctorate

Name of School and Location	Major Subject	Degree Received

REQUIRED LICENSES, CERTIFICATIONS, AND OTHER

List all professional license(s) or certification(s) you currently hold which authorize you to practice a profession or trade.

Type of License	Issued By:	License #	Expiration Date

APPLICANT QUESTIONS

Please explain any and all technical, mechanical, vocational skills and equipment you can operate.

Please explain your computer knowledge and your skill level of programs you are familiar with.

What languages do you speak, read, write or sign fluently?

EMPLOYMENT HISTORY

Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on the job posting. List all positions (job titles) separately, even if with the same employer.

1) Job Title:		Check One: Full Time Part Time Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				

2) Job Title:		Check One: Full Time Part Time Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				
3) Job Title:		Check One: Full Time Part Time Per Diem		
Company Name:	Address:	City:	State:	Zip Code:
Start Date:	End Date:	Reason for Leaving:		
Direct Supervisor:	Phone Number:	Email Address:		
Description of Duties:				

REFERENCES

Reference #1	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:
Reference #2	First Name:	Last Name:	Phone Number:
	Email Address:		Relationship:

