

EMPLOYMENT APPLICATION

Personnel Department 142 East Main Street Meriden, CT 06450

Position applie	ed for			
☐ Full Time	☐ Part Tir	me \square Tem	porary \square	Summer

An equal opportunity employer.

(Last)		(First)		(M	fiddle)	
Address	eet)	(City)		(S	State)	(Zip Code)
	rea Code)		mail address	·	,	
	nse Number			Expir	ation Dat	e
Are you a citi	zen of the United States?	☐ Yes ☐ No		-		
-	provide a copy of green ca					
OB INTERI	ESTS/SKILLS					
Position(s) ap	oplied for			Sal	ary Desire	ed
Have you app	olied for a position here be	efore?	No If ye	s, when? .		
Type of empl	oyment requested	Full Time	t Time	Temporar	y □ S	Summer
Date you cou	ld begin working		Typing Spee	ed (WPM) .		
Summarize a	ny other special skills or q	u alifications				
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	iny other special skills of q	uaiiications				
	iny other special skills of q	uaimeations				
	iny other special skills of q	uaimeations				
DUCATION		uaimeations				
		COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONOR RECEIVED
DUCATION YPE OF	N					CERTIFICATE AND HONOR
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DUCATION VPE OF CHOOL GH SCHOOL	N					CERTIFICATE AND HONOR

Address (Street)	(City)	(State)	(Zip Code)
	Your Title	, ,	
Employed From To _			
Work Performed	,	C	•
Reason for leaving			
2. Name of Employer			
Address(Street)	(City)	(State)	(Zip Code
	Your Title		
	rour rue		
Employed From To	Starting Salary	Ending Sala	ary
Work Performed			
Reason for leaving			
3. Name of Employer			
Address	(Cit.)	(0(444)	(7in Conto)
(Street)	(<i>City</i>) Your Title	(State)	
·			
	Starting Salary	Ending Salary	
Work Performed			

In the section below, please do not list friends or relatives unless they have worked with you professionally.

PROFESSIONAL REFERENCES ONLY				
Name	Relationship	Home Phone	Daytime Phone	



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Do any of your relatives work for the City of Meriden? Yes \(\simega) \) N	o 🗆
If yes please name:	
Name of Relative	Relationship
	<u> </u>
Do you reside with anyone working for the City of Meriden? Yes \square If yes please name:	No 🗆
Name	Relationship
ACKNOWLEDGEMENT	
I certify that the answers given by me in this application and/or attached resume falsification, whether willingly or accidental, may be grounds for disqualification hired. I authorize the company to contact any and all of the references I have li not limited to my personnel file. Further, I release the above mentioned referen information collected by this company. I understand that an appropriate medical eligibility to work in the United States must be satisfied for a formal offer to be not stated.	of employment consideration, or dismissal from employment if I am sted above to obtain previous employment information including but uces from any and all liability for any damages that may result from all exam, including drug test, background check and verification of
Applicant's Signature	Date
Printed Name	