Town of Canterbury APPLICATION FOR EMPLOYMENT

(PRE'EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION						
		E-MAIL ADDRESS:				
FIRST	MIDDLE					
=						
STREET	CITY	S	STATE ZIP			
			STATE ZIP			
ARE YO	OU 18 YEARS OR OI	LDER? Yes No				
THE UNITED STATES?			Yes 🗆 No 🗅			
38 4						
*	DATE YOU CAN START		SALARY DESIRED			
			IRE			
PANY BEFORE?	WHERE?	WHI	WHEN?			
NAME AND LOCATION OF SCHOOL	. YEARS	CPADUATES	SUBJECTS STUDIED			
	ii					
DR RESEARCH WORK						
	ef					
*	THE RESIDENCE OF THE PARTY OF T	***************************************				
1						
		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES				
	STREET STREET ARE YOU THE UNITED STATES? PANY BEFORE?	STREET CITY STREET CITY ARE YOU 18 YEARS OR O THE UNITED STATES? DATE YOU CAN START IF SO MAY WE INTOF YOUR PRESEN PANY BEFORE? WHERE? NAME AND LOCATION OF SCHOOL OR RESEARCH WORK	FIRST MIDDLE STREET CITY ARE YOU 18 YEARS OR OLDER? Yes □ No □ THEUNITED STATES? DATE YOU SAI CAN START DES IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? PANY BEFORE? WHERE? WHI NAME AND LOCATION OF SCHOOL PARS ATTENDED OR RESEARCH WORK			

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMP	LOYERS (LIST BELOW LAST	THREE EMPLOYERS, STA	ARTING WITH	LAST ON	IE FIRST).		9		
DATE MONTH AND YEA	NAME AND ADDR	ESS OF EMPLOYER SALA				REASON FOR LEAVING			
FROM									
то									
FROM	3								
ТО									
FROM									
то									
FROM									
τ̈́o									
F WHICH OF THESE	JOBS DID YOU LIKE BEST?	2 H							
WHAT DID YOU LIK	KE MOST ABOUT THIS JOB?				<i>II</i>				
REFERENCES:	GIVE THE NAMES OF THREE	PERSONS NOT RELATED	TO YOU, WH	HOM YOU	HAVE KNOWN AT	LEAST ON	E YEAR.		
Ell TC	NAME	ADDRESS		BUSINESS			YEARS ACQUAINTED		
F() 1									
2									
3				\$0					
IN CASE OF	TIFY	AMC II	83						
	NAME	AD	DRESS			PHONE N	О.		
"I CERTIFY THAT UNDERSTAND TH	THE FACTS CONTAINED IN TH IAT, IF EMPLOYED, FALSIFIED	IIS APPLICATION ARE TRU STATEMENTS ON THIS A	JE AND COM PPLICATION	PLETE TO SHALL BE	THE BEST OF MY	Y KNOWLEI DISMISSAL	OGE AND		
ALL INFORMATION	ESTIGATION OF ALL STATEME N CONCERNING MY PREVIOU LL LIABILITY FOR ANY DAMAC	S EMPLOYMENT AND ANY	PERTINENT	INFORM	ATION THEY MAY	E TO GIVE Y HAVE, AND	YOU ANY AND RELEASE ALL		
I UNDERSTAND A PAYMENT OF MY	ND AGREE THAT, IF HIRED, M WAGES AND SALARY, BE TEF	Y EMPLOYMENT IS FOR N RMINATED AT ANY TIME W	IO DEFINITE /ITHOUT PRI	PERIOD A	AND MAY, REGARI CE AND WITHOUT	DLESS OF T	THE DATE OF		
DATE	SIGNATURE		***************************************						
NITED OF A		DO NOT WRITE BE	LOW THIS LI	NE					
INTERVIEWED BY					[DATE	7		
REMARKS:		V			Restruction of the contract of				
1 to									
NEATNESS			ADILITY		ERNESHMON CONTRACTOR				
HIRED: U YES	□NO F	ABILITY POSITION DEPT.							
SALARY/WAGE	*	DATE REPORTING TO WORK							
APPROVED:	1.	2.		3.		TIS PARTITION OF THE PA			
	EMPLOYMENT MANAGER	DEPT. H	IEAD	J.	the state of the s	MANAGER			

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.