



TOWN OF OLD SAYBROOK DEPARTMENT OF POLICE SERVICES

36 Lynde Street • Old Saybrook, Connecticut 06475

Michael A. Spera
Chief of Police

Employment Application

The Town of Old Saybrook and the Department of Police Services is an Equal Opportunity Employer. State and federal law prohibits discrimination on the basis of race, color, religious creed, age, sex, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation or physical disability, except in cases of a bona fide occupational qualification.

Position Applying for: Records Specialist – 2017

Date of Application: _____ Date Available: _____

How did you hear about the position? _____

GENERAL INSTRUCTIONS: Please respond to every question on this application form. If a question does not apply to you, write "n/a" in the blank space. If you need more space to respond to a question, please attach a separate sheet.

Last Name First Name M.I.

Address City State Zip

Home Phone Cell Phone Work Phone

Social Security Driver's License E-mail

If there is any other name by which you have been known that the Town should be aware of in order to adequately verify your identity, employment history or educational background, please provide any such name (s): _____

Are you either a United States citizen or authorized to work in the United States?

Yes _____ No _____

(Proof of United States Citizenship or authorization to work in the United States will be required upon hiring.)

EMPLOYMENT HISTORY (*Minimum 0/5 Years*)

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Title/Position: _____

Job Duties: _____

Supervisor's Name: _____

Dates Employed: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Title/Position: _____

Job Duties: _____

Supervisor's Name: _____

Dates Employed: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Reason for Leaving: _____

Employer: _____

Employer's Address: _____

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Job Duties: _____

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Reason for Leaving: _____

Employer: _____

Employer's Address: _____

Employer's Telephone Number: _____

Title/Position: _____

Job Duties: _____

Supervisor's Name: _____

Dates Employed: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Reason for Leaving: _____

Have you ever been terminated from any job? **YES / NO**
If yes, please explain the circumstances involved with your termination.

Education

Name of School	City & State	Major	Year Completed	Degree Earned
<i>High School / GED</i>				
<i>College</i>				
<i>College</i>				
<i>Other</i>				

Use the space below to provide additional information necessary to describe your full qualifications:

Please list three professional references (at least one must be current):

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Do you or have you used narcotics, marijuana, barbiturates, amphetamines, hallucinogenic, or any other illegal substance which may produce a dependency, with the exception of medication prescribed by a physician? **YES / NO**

If yes, please list what you have used including when last used.

Have you ever been arrested in any state? **YES / NO**

If yes, please explain the circumstances involved with your arrest.

Have you ever been issued a traffic infraction(s) (ticket), warning(s), or Summons in any state?

YES / NO

If yes, please explain the circumstances involved with your traffic violation(s).

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the responses given are true, complete, and accurate to the best of my knowledge, and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for immediate discharge.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize all of the educators, employers and professional references listed above to furnish the Town of Old Saybrook with information regarding my education, employment history or any other matter related to my application for employment with the Town of Old Saybrook, Department of Police Services.

Signature of Applicant

Date