

New Britain Parks, Recreation and
Community Services Department
Seasonal Employment Application

SEASONAL

Cemetery Maintainer / Golf Course Personnel

Directions:

Thoroughly complete the both sides of the Employment Application contained in this packet and return to the New Britain Parks & Recreation Department.

(Incomplete applications will not be accepted.)

Please return all completed applications to the New Britain Parks & Recreation Department
27 West Main Street, Room 302, New Britain, CT 06051

City of New Britain
 Affirmative Action/Equal Employment Opportunity/Equal Access Employer
APPLICATION FOR EMPLOYMENT
 27 West Main Street, New Britain, CT 06051
 (860) 826-3404
 www.newbritainct.gov



(Print information in ink, or type)

Office Use Only

1. Job Applying For		
(use title on job announcement) (exam no.)	Q _____ V	NQ _____ DV
2. Your Name		
(print) Last Name First Middle	Edu _____	Rev. by: _____
3. Address		
(Number and Street, Road or Post Office Box)	Other _____	
City State Zip Code	Score _____	Rank _____
4. Email Address		
5. Are you over age 18?	6. Have you ever served in the U.S. Armed Forces during periods of conflict?	7. Telephone Number
Yes No	Yes No	() -

8. Education

A. Did you graduate from high school?

Yes	No	Name of School	If "No", highest grade completed

B. If you have a high school equivalency certificate, give year and place the certificate was granted:

Name of School	Location

C. List any colleges, business schools, or technical school you attended:

Name of School	Location	Course or Major	Degree

D. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, dates attended, subject of training, and other details related to the job for which you are applying.

NOTE: Applications are kept on file for three (3) months from date of receipt unless otherwise noted.

9. EXPERIENCE: Start with your present or last job and work backwards listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of paper if necessary. Work performed more than 10 years ago may be given if it applies to the job for which you are applying.

May we contact your present employer? _____ Yes _____ No

1) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		

10. References: List the name, address and telephone number of three persons with knowledge of your character, experience and ability. Do not list relatives. Use professional, not personal, references. (Current and former employers, teachers/professors, etc.)

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

11. Special Skills and Abilities. Show licenses, (including drivers); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds, computer skills, and any other special abilities or knowledges relating to the job for which you are applying.

12. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that I will be required to pass a medical examination and background check as a condition of appointment. As part of the medical examination process, I may be required to undergo a drug screen. The signing of this application will serve as consent to the drug screen examination.

_____ Date

_____ Signature of Applicant