



TOWN OF PUTNAM
200 School Street
Putnam, CT 06260
860-963-6800
www.putnamct.us

Application for Employment pre-employment questionnaire an equal opportunity employer

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name		CDL: A B	
Endorsements:			
Address		City	State
			Zip
Phone Number	Mobile Number	Email Address	
Are You A U.S. Citizen?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Selected For Employment, Are You Willing To Submit to a Pre-Employment Drug Screening Test?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major
U.S MILITARY OR NAVAL SERVICE RANK:			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?	

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
Employer (4)	Job Title		
Work Phone			
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

ATTENTION APPLICANT DO NOT WRITE BELOW THIS LINE

Notes from Interviewer:
