

APPLICATION FOR EMPLOYMENT

LPO-1 rev: 8/2011

CANDLEWOOD LAKE AUTHORITY

INSTRUCTIONS: Type or print answers to ALL questions MAIL TO: Department of Administrative Services, Candlewood Lake Authority, P.O. Box 37, Sherman, CT 06784-0037 or FAX: (860) 350-5611.

APP	DIS	BY	REV	Reason for Disapproval 1. Lack of Gen. Exp. 3. Lack of Sp. Exp. 2. Length of Gen. Exp. 4. Length of Sp. Exp. 5. Other _____	AE Date	SUBJECT TO:		
DO NOT WRITE in shaded area								
POSITION: LAKE PATROL OFFICER								
SOCIAL SECURITY NUMBER — —								
NAME (Last)				(First)		(MI)	SUFFIX (JR., DR.)	
ADDRESS (Number and Street)								
CITY					STATE	ZIP CODE (Last 4 digits are optional)		
AREA CODE	HOME PHONE NUMBER				AREA CODE	BUSINESS PHONE NUMBER	EXTENSION	
AREA CODE	CELL PHONE NUMBER			Drivers License ___ Yes ___ No	If you are 17 years old or younger, enter your age			
What kind of position are you apply for? Seasonal XX Part time				Are you currently employed by the State of Connecticut ___ Yes ___ No				
May we call you at work? ___ Yes ___ No				E-MAIL ADDRESS				
EDUCATION: Have you graduated from High School or received a High School equivalency diploma? ___ Yes ___ No If No, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12								
SCHOOL	NAME	ADDRESS	DATES ATTENDED		CREDIT HOURS COMPLETED	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
			FROM	TO				
TECHNICAL OR BUSINESS								
COLLEGE OR UNIVERSITY								
OTHER EDUCATION								
OTHER LICENSES OR CERTIFICATES REQUIRED FOR THIS POSITION (E.G., medical, nursing, engineering)								
KIND(S)	ISSUED BY		DATE ISSUED		EXPIRATION DATE	NO.		
Do you speak, read or write a language other than English? ___ Yes (specify language) (This information is voluntary)								

SOCIAL SECURITY NUMBER _____

INSTRUCTIONS

Beginning with your **PRESENT OR MOST RECENT** employment or volunteer experience and **working backward**, list all positions held **which are necessary for determining your eligibility for employment as a seasonal lake patrol officer**. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, **using the same format and include your social security number**. Continue the number sequence for additional jobs listed. **You must fill out this application completely even if a resume is being attached.**

Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)	To: (Mo.)	Total (Yrs. Mos.)	Salary or Wage		Hours Per Week	
(Yr.)	(Yr.)		\$	Per	(Full time)	(Part-time)
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						
Official Job title (Start with most recent job)		Company Name			Type of Business	
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.		
Employed From (Mo.)	To: (Mo.)	Total (Yrs. Mos.)	Salary or Wage		Hours Per Week	
(Yr.)	(Yr.)		\$	Per	(Full time)	(Part-time)
No. and Titles of Employees Supervised by You			Reason for Leaving			
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(Yr.)	(Yr.)		\$	Per	(Full time)	(Part-time)
No. and Titles of Employees Supervised by You			Reason for Leaving			
DUTIES (must be listed)						

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

SIGNED: _____ **DATE:** _____

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States.