

APPLICATION FOR CONSIDERATION RECREATION DEPARTMENT – TOWN OF WINCHESTER

Position sought: _____

Instruction to applicant: This application for consideration shall be completed by the applicant whose name appears below. The applicant shall complete all sections and submit additional documents or records as stated within the position announcement. Within this application, you must provide information which demonstrates that you meet the minimum qualifications as stated within the position announcement. You must submit the completed application by mail to:

**Winchester Recreation
338 Main St. 3rdfl
Winsted, Connecticut 06098**

Identification: _____

Last Name	First Name	Middle Initial	

Street Address			

Town	State	Zip Code	Telephone

Status: Are you an honorably discharged American Military Veteran? _____
(If “yes”, submit copy of DD-214 with this application)

Are you domiciled within the Town of Winchester at this time? _____

Are you an American citizen or resident alien authorized to work in the United States? _____
(If resident alien, attach copy of visa and/or work authorization)

Has the Town of Winchester ever employed you? _____
(If “yes”, provide details on a separate page attached to this application)

References: Provide the name, address and telephone number of three (3) individuals who have knowledge of your qualification and fitness for this position.

Name	Address	Telephone	Nature of Association

Meeting the Minimum Qualifications: Within this section, you are to detail your educational, employment and licensing which meet the minimum requirements as stated in the position announcement.

EDUCATION: Do you possess a high school diploma or equivalency diploma? _____
If "yes", attach a photocopy and identify the issuing location below:

Name of School	Location by Town and State	Dates Attended	Graduation Year
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POST-SECONDARY EDUCATION: Record your attendance and/or completion of college, technical school or specialized training in the spaces below:

Name of School	Location by City and State	Course of Study	Date Completed
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You are required to submit a certified copy of any transcript or a request for a transcript from the school attached to this application to meet any educational/training minimum position requirement.

LICENSES/CERTIFICATES: Record your possession of licenses or certificates which you hold that are required within the position announcement. (Attach photocopies of each license to this application)

License/Certificate Type	Issuing Authority	Date Issued	Date Expires	Identifying #
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EMPLOYMENT: Record the verifiable employment, which demonstrates your meeting the stated minimum requirements for the position applied for:

Employer _____ Address _____
Telephone _____ Supervisor _____ Position _____
Dates of Employment: from _____ to _____ May we contact this employer? _____
Describe your duties: _____

Employer _____ Address _____
Telephone _____ Supervisor _____ Position _____
Dates of Employment: from _____ to _____ May we contact this employer? _____
Describe your duties: _____

Employer _____ Address _____
Telephone _____ Supervisor _____ Position _____
Dates of Employment: from _____ to _____ May we contact this employer? _____
Describe your duties: _____

Possession of other required skills or qualifications:

Within the space below, your are requested to describe your verifiable skills not described in other sections of this application such as computer skills, familiarity with types of equipment or tools.

Additional Information: Within the space below, you may provide additional information or answers to questions within this application: _____

The Town of Winchester is an Equal Opportunity employer that maintains a drug free workplace.

Upon prior notice by applicants, the Recreation Department shall provide reasonable accommodation to candidates who require it to participate in employment consideration/testing.

The Town of Winchester and the Recreation Department may require applicants to submit to physical, polygraph or other examination in addition to a background investigation, including fingerprinting upon the offer of employment, prior to appointment. The cost of such testing shall be borne by the Town of Winchester.

Authorization and Waiver: I, the undersigned applicant, authorize the Civil Service Commission and the Town of Winchester to make inquiries with regard to my fitness and qualifications for employment. I specifically authorize and release the Town of Winchester, its employees, agents, assigns and officers to obtain my employment records and to verify any element of this application. Photocopies of this release shall be considered as originals. This authorization shall expire one (1) year from the date below. I release said employees, officers, agents or assigns of the Town of Winchester for any damage or issue arising from any inquiry.

Certification: I, the undersigned applicant for consideration, have personally completed all entries within this application, have read and understand this application. I have provided accurate and complete information/ responses to all questions. I understand that this application shall be retained permanently by the Civil Service Commission and shall be incorporated into a permanent personnel file upon appointment to town service.

Applicant's Name Printed

Applicant's Signature

Date Signed

Documents attached to this application by the applicant: Please enter in the spaces below, the forms, documents or certificates which you are submitting with this application. If none, state so.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS FORM SUPERCEDES ALL PRIOR APPLICATION FORM – MAKE NO ENTRIES BELOW

Date Received: _____

Review date: _____

ACCEPTED: _____

REJECTED: _____

Interview Date: _____

The candidate named within was appointed to the position of _____

On _____ by _____

Appointed Authority