

List scholastic honors, offices held, and activities in high school and/or college. _____

V. Specialized Training or Skills

A. List any special qualifications or certifications/licenses that you feel may qualify you for the position (include seminars, special awards and professional memberships).

B. List equipment that you have experience with or knowledge of that you feel may qualify you for the position.

C. List computer software that you have experience with or knowledge of that you feel may qualify you for the position.

VI. Additional Personal Information

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

VII. References

List three (3) individuals (non-relatives) who know your character, ability and experience.

Name	Address	Telephone
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VIII. Employment Record

In the space provided, give your employment history beginning with your most recent employer. List all previous employers and include any applicable military and voluntary positions. Use additional sheets of plain paper if needed.

May we contact your present employer? ___ Yes ___ No

1. Name & Address of Employer _____

Position or Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Name/Title of supervisor: _____

Duties: _____

Reason for leaving: _____

2. Name & Address of Employer _____

Position or Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Name/Title of supervisor: _____

Duties: _____

Reason for leaving: _____

3. Name & Address of Employer _____

Position or Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Name/Title of supervisor: _____

Duties: _____

Reason for leaving: _____

4. Name & Address of Employer _____

Position or Title: _____

Start Date: _____ End Date: _____

Beginning Salary: _____ Ending Salary: _____

Name/Title of supervisor: _____

Duties: _____

Reason for leaving: _____

Certification: I certify the above information is correct and truthful. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment. I also give consent for previous employers and personal references to be checked and release the City, previous employers and personal references from any liability arising from disclosure of information concerning my past employment or personal history. I further understand that acceptance of this form does not constitute an employment agreement and that failure to completely fill out this application may result in my disqualification from further consideration.

The City of Torrington believes a viable, satisfied workforce is important to the health and growth of the area and routinely passes along the names and phone numbers of applicants to the Torrington Workforce Center to determine eligibility for other services. I give my consent for the City of Torrington to give information contained in this application to the Torrington Workforce Center.

I hereby acknowledge that I have read and understand the above statement.

SIGNATURE: _____ DATE: _____

Release of Information
This Section Must be Notarized

To Whom It May Concern:

I hereby authorize any representative of the Torrington Police Department bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit, or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Torrington. Consent is granted for the City of Torrington to furnish such information as is described above to third parties in the course of the Torrington Police Department fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment that you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind that may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Name: _____

Current Address: _____

Telephone: _____

Signature: _____ Date: _____

Subscribed and sworn to in my presence, this _____ day of _____, 20____.

Notary Public _____