

DATE & TIME STAMP

THE CITY OF STAMFORD
An Equal Opportunity Employer
APPLICATION FOR SEASONAL EMPLOYMENT

HUMAN RESOURCES DIVISION, 888 WASHINGTON BOULEVARD 9TH FLOOR, STAMFORD, CT. 06904-2152

POSITION (List One Only) _____

- E.G.BRENNAN GOLF COURSE YOUTH SERVICES RECREATION SERVICES
 FACILITIES MAINTENANCE COLLECTION/SOLID WASTE CONTROLLER'S OFFICE
 OTHER: _____

<p>NAME _____ <small>Last First Middle</small></p> <p>ADDRESS _____ <small>Street</small></p> <p>_____ <small>City State Zip Code</small></p> <p>Have you ever worked for the city of Stamford before? YES ___ NO ___ If yes, list by dates employed and job title(s). _____</p> <hr/> <p>Have you ever been disqualified for a position with the City of Stamford? YES () NO () If yes, list job title and date of disqualification. _____</p> <p>Are you related to/or have affiliation with any person now employed with the City of Stamford? YES () NO () If yes, list name and relationship. _____</p>	<p>SOCIAL SECURITY NO. 000 - - <small>(LAST SIX DIGITS ONLY)</small></p> <p>TELEPHONE NUMBER(S) _____</p> <hr/> <p>If Under Age 18 Month Day Year Date of Birth: ____/____/____</p> <p>There may be restrictions on the employment of applicants less than 18 years of age. _____</p> <p>LAST SCHOOL GRADE COMPLETED (CIRCLE ONE): 10 11 12 13 14 15 16</p> <p>DRIVER'S LICENSE? NO ___ YES ___ CDL ___</p> <p>LIFEGUARD APPLICANTS: LIST CURRENT CERTIFICATES HELD: _____ _____</p> <hr/> <p>DATES AVAILABLE FOR WORK: FROM ____/____/____ To ____/____/____ <small>Mo. Yr. Mo. Yr.</small></p>
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List Any Experience You Have Had Related to the Position Applied For: _____

Special Skills and Abilities. Show Typing & Shorthand Speed. Any Machines You Can Operate. Special Licenses, Languages, or Any Other Special Abilities: _____

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. I understand that incomplete, false, inaccurate or misleading information given in my application may result in the rejection of this application or withdrawal of a job offer. Further, false information provided, whether willingly or accidentally, may result in my immediate dismissal if employed, whenever the omission or falsehood is discovered.

_____ **DATE** _____ **SIGNATURE OF APPLICANT**

FILING AN APPLICATION DOES NOT GUARANTEE A JOB INTERVIEW

COMPLIANCE INFORMATION: (OPTIONAL)
 The following information is needed for compliance with government reporting requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the employment process.

1. Your Name _____

2. Job Applied For _____

3. Gender (Please Check) Male _____ Female _____

4. Describe yourself in terms of one of the following groups. (Check one)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Other: _____ (Please specify)		

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