

# THOMPSON RECREATION

P.O. Box 899  
815 Riverside Drive  
North Grosvenordale, Connecticut 06255

For office use only

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## POSITION APPLIED FOR

It is the policy of the Town of Thompson not to discriminate against otherwise qualified individuals in any of its education programs, activities, or employment practices on the basis of race, sex, national origin, ancestry, color, religion, handicapping condition, age, sexual orientation, or marital status.

### PERSONAL DATA

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address (if different from above)  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Business) \_\_\_\_\_ Social Security Number \_\_\_\_\_

### EDUCATION

Name of School and Location	Dates Attended From To	Degree or Diploma	Date Graduated

### FORMER EMPLOYERS (List below last four employers, starting with the most recent one first.)

Date: Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**ACTIVITIES**

Please list activities in which you participate other than religious (civic, athletic, fraternal, etc.)

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**REFERENCES**

Please give below the names of people not related to you, whom you have known at least one year.

Name	How do you know this person?	Telephone

**OTHER**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain, in writing, and attach the statement to this form. (A conviction will not constitute an automatic bar from employment.)

Briefly describe a success that you have had in the last two years. (You may attach an additional statement to this form if more room is needed.)

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State briefly why you feel that you are qualified for this position:

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I authorize the Town of Thompson/Thompson Recreation to conduct a criminal background inquiry. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, may be terminated at any time without any previous notice.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of Parent (if applicant under age 18)

\_\_\_\_\_  
Date

**RETURN APPLICATION FORM TO:**

Thompson Recreation  
P.O. Box 899  
815 Riverside Drive  
No. Grosvenordale, CT 06255