DEPARTMENT OF CONTINUING EDUCATION 155 FIRETOWN ROAD SIMSBURY, CONNECTICUT 06070

EMPLOYMENT APPLICATION

Name	
Address	Email Address:
DATE OF APPLICATION:	
SPECIAL ABILITIES:	
I am interested in the following type of employment:	
☐ Part Time/Full Time ☐ Teaching Staff ☐ Adult/youth ☐ Preschool ☐ Office Staff	
SUBJECT AREA(s) TO BE TAUGHT (where applicable):	
LIST AREA(s) OF CERTIFICATION:	
SEASON(s) AVAILABLE TO WORK:	
□Fall □Spring □Winter □Summer	
TIME OF DAY AVAILABLE:	
□Mornings □Afternoon □Evenings	

WORK EXPERIENCE (Please include a current resume with application):

Employment Dates	Name of Firm	Position	Responsibilities	Reason for Leaving

EDUCATION:

Name of Institution	Location	Degree Acquired	
			1
			4
REFERENCES (Ple	ease include names of profess	sional references that we may call	upon):
Name	Position	Address	Phone
Please share any specific you are applying for:	skills/abilities which yo	u possess that are relevant t	o the position
hiring, assignment, compethe basis of race, color, re	will not make employme ensation, promotion, demo eligion, age, sex, marital n, ancestry, disability, pre	ent decisions (including decision, disciplinary action and to status, sexual orientation, generation or genetic information	ermination) on der identity or
•	nde in good faith. Any mis	are true, complete, and correct sstatement or omission of mate sal.	
Signature of Applicant			
 Date			

Please return this completed application and requested documentation to the Department of Continuing Education at the address above. (860) 658-3870