

**Cedar Grove Cemetery**  
**Employment Application**  
*An Equal Opportunity Employer*

**HR Department**  
 638 Broad Street  
 New London, CT 06320

**I. Application**

Position (job) for which you are applying. <i>Please use Title from job announcement.</i>	

**II. Personal Data**

1) Name (Last)	(First)	(MI)	(other names known as)	
2) Address (Street)	Apt. #	(City)	(State)	(Zip)
3) Telephone - Home ( ) ( )	Office ( ) ( )			
4) Email Address				

**List permanent address, if other than shown above.**

5) Address (Street)	Apt. #	(City)	(State)	(Zip)
6) Address (Street)	Apt. #	(City)	(State)	(Zip)
Address (Street)	Apt. #	(City)	(State)	(Zip)
Address (Street)	Apt. #	(City)	(State)	(Zip)

**III. Education and Training**

1) Check Highest Grade Completed (4 5 6 7 8) (9 10 11 12) (13 14 15 16) (17 18)	2) High School Equivalency Test Date Completed _____ State Award _____
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3) Type of School	Name and Location	Graduated	Type of Diploma/Degree	Major/Minor Field of Study
High School or Vocational				
Technical Institution or School				
Military				
Other/Seminars				
Undergraduate College or University				
Graduate College or University				

**IV. Clerical Skills**

**Typing**

Yes  No

wpm:
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**Shorthand/Dictaphone**

Yes  No

wpm:
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If yes, list system(s) knowledge and capabilities:
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**Computer Skills** Yes  No**V. Special Qualifications and Skills (licenses, certifications, related training)**

1)		
2)		
3)		
4)		
Do you have a valid Motor Vehicle Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	Operator Number:	CLASS: (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 List CDL type:

**VI. Work History**

In the space provided below, please give your employment history, beginning with your present or most recent employer. List all positions held. Include military duty, part-time, summer, and volunteer work. Also include any periods of unemployment.

1) Present Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Present Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				
2) Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Ending Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				

3) Employer				
Address (Street)	(City)	(State)	(Zip)	Telephone
Position Title		From (Date)	To (Date)	
Ending Salary	Supervisor	May we contact <i>this</i> employer regarding your record of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				
Describe Duties and Responsibilities				

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE ADDITIONAL SHEETS, USING THE ABOVE FORMAT

### VII. General Questions (check appropriate box)

	Yes	No
1) Do you legally have the right to work in the United States? Do you possess an Alien Registration Card? Registration Number _____ <i>Note: Aliens must show an Alien Registration Receipt Card (Form I-151), or Form I-94 endorsed to permit employment.</i>		
2) Do you have any relatives already employed by the Cedar Grove Cemetery? If yes, please list names.		
3) Have you been employed by the Cedar Grove Cemetery? If yes, list position(s) held and dates of employment. Position _____ From _____ To _____ Position _____ From _____ To _____		
4) <b>Note to Applicants: DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</b> A review of the activities involved in such a job or occupation has been given. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?		
5) Have you ever been forced to resign or been dismissed from any position? If yes, provide details.		

## VII. References

*Please provide the names of at least three (3) persons, other than relatives, who are familiar with your job qualifications and work performance.*

1) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)
2) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)
3) Name (Last)	(First)	(Relationship)		
Address (Street)	(City)	(State)	(Zip)	(Telephone)

### Declaration of Applicant (Certification)

- I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I further 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, and are made in good faith. I am aware and understand that incomplete, false, or inaccurate information will result in the rejection of this application and that false information may result in my dismissal if employed.
- The Cedar Grove Cemetery makes no guarantee of continued employment. In the event that I am employed by the Cedar Grove Cemetery, I agree to comply with all of its orders, rules, and regulations.
- I have read the position description for which I am applying. Failure to follow directions and complete all sections of this application is grounds for immediate disqualification from the recruitment process.
- I also understand that my employment may be subject to the successful completion of an employment physical examination, and/or psychological examination and that my continued employment may be conditional upon satisfactorily continuing to meet job-related physical and mental requirements. If requested, I agree to submit to a job-related physical and/or psychological examination and/or drug and/or alcohol screen, performed by a qualified medical person of the Cedar Grove Cemetery's choice. Such exam(s) shall be paid for by the Cedar Grove Cemetery. I also agree that all information concerning said physical examination and/or psychological and/or a drug and/or alcohol screen, can be supplied to the Cedar Grove Cemetery or an authorized agent of this municipality, upon their request.

(Applicant's Signature)	(Date)
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