



**Town of Portland, Connecticut**  
 Equal Opportunity Employer & Provider  
 Phone: 860-342-6715 | Fax: 860-342-6714 | [www.portlandct.org](http://www.portlandct.org)

## INTERNAL JOB APPLICATION FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(STREET / APT #)  
 \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Union Affiliation:    AFSCME Public Works    AFSCME Police    MEUI    MEUI Library    None

Current Employment Status:    Full Time    Regular Part Time (30 hours)    Part Time (29 hours or less)

### POSITION APPLYING FOR

Position you are applying for: \_\_\_\_\_

Please describe your qualifications (background and experience) that make you a good candidate for this position (use the back if you need more space):

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List work-related training and certifications that you possess that is required for this position:

| Type: | Issued by: | Expiration Date: | Number: |
|-------|------------|------------------|---------|
|       |            |                  |         |
|       |            |                  |         |
|       |            |                  |         |

### EDUCATION

|                       |  |         |  |
|-----------------------|--|---------|--|
| HIGHEST DEGREE EARNED |  | SCHOOL: |  |
|-----------------------|--|---------|--|

Why do you wish to change positions? \_\_\_\_\_

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**EMPLOYMENT HISTORY WITH THE TOWN:**

Begin with your PRESENT or MOST RECENT position and working backward; list all positions held.

Current Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ To: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ To: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ To: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ To: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

(date) From: \_\_\_\_\_ To: \_\_\_\_\_

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_