



## Internal Employment Application

Town of Old Saybrook, 302 Main Street, Old Saybrook, CT 06475

Phone: (860) 395-3123 Fax: (860) 395-3125 [www.oldsaybrookct.gov](http://www.oldsaybrookct.gov)

It is the policy of the Town of Old Saybrook to employ, train, compensate, and promote individuals without regard to their race, religion, national origin, gender, sexual orientation, age, disability, veteran status, or other characteristics protected by law.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_ Are you 18 years or older? ☐ Yes ☐ No

Are you related to anyone currently employed by the Town of Old Saybrook? If so, please list them here:

|       |            |       |            |
|-------|------------|-------|------------|
| _____ | _____      | _____ | _____      |
| Name  | Department | Name  | Department |

### NEW POSITION DESIRED

Position \_\_\_\_\_ Date Available to Start \_\_\_\_\_

Current Position/Department \_\_\_\_\_

Have you discussed this change with your current supervisor? ☐ Yes ☐ No

If not, why? \_\_\_\_\_

|                    |       |           |       |
|--------------------|-------|-----------|-------|
| _____              | _____ | _____     | _____ |
| Signatures         |       |           |       |
| Current Supervisor | Date  | Applicant | Date  |

### EXPLANATION OF INTEREST IN THE NEW POSITION

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### DESCRIPTION OF STRENGTHS YOU BRING TO THE NEW POSITION

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### For use by the Town of Old Saybrook

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_  
Hired? ☐ Yes ☐ No Position \_\_\_\_\_ Department \_\_\_\_\_  
Date Reporting to New Position \_\_\_\_\_ Salary/Wage \_\_\_\_\_