

Town of Readsboro Vermont

Employment Application

An Equal Opportunity Employer

rev November 2016

Type or print clearly in ink.

TITLE OF JOB APPLIED FOR (List one only):	SOCIAL SECURITY NUMBER: - -
NAME (Last, First, M.I.):	HOME TELEPHONE:
PHYSICAL AND MAILING ADDRESS:	WORK (or Cell) TELEPHONE:
CITY, STATE, AND ZIP CODE:	EMAIL:

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any relative, any domestic partner, or any other person(s) residing with you, who is employed by the Town of Readsboro?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?

WORK SCHEDULE

Check the type(s) of employment you are interested in.	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ALL
Check the shift(s) you are willing to work.	<input type="checkbox"/> DAY SHIFT	<input type="checkbox"/> WEEKEND SHIFT	<input type="checkbox"/> NIGHT SHIFT	<input type="checkbox"/> ANY SHIFT

VETERANS' INFORMATION

BRANCH OF SERVICE:	DATE OF ENTRY (M,D,Y)	DATE OF DISCHARGE (M,D,Y)
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EDUCATION/TRAINING HISTORY

Do you have a high school diploma or GED certificate? YES NO If "NO", highest grade completed.

List Colleges, military, trade, nursing, business or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	NUMBER SEMESTER HOURS EARNED	GRADUATED (YES/NO)	DEGREE EARNED AND YEAR
	FROM:				
	TO:				
	FROM:				
	TO:				
	FROM:				
	TO:				

COURSE WORK (optional)

Please list any specific course work pertinent to the job title for which you are applying. Indicate the number of credits earned; put "G" if graduate credit.

COURSE WORK AREA	CREDITS	COURSE WORK AREA	CREDITS

LICENSE / REGISTRATION/ CERTIFICATE

List any required professional license, registration, certificate, Vermont Commercial Driver's License, etc.

DESCRIPTION	STATE	NUMBER	EXPIRATION

SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, equipment, machinery etc.).

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REFERENCES

Please list the names, titles or relationships, addresses, and phone numbers of three (3) individuals not related to you who have knowledge of your work qualifications and can serve as a reference for you.

NAME AND TITLE OR RELATIONSHIP	ADDRESS	PHONE

WORK HISTORY – ATTACHED RESUMES WILL BE CONSIDERED BUT NOT SUBSTITUTED

Describe your work history below beginning with your current or most recent job.

NAME OF EMPLOYER:		YOUR JOB TITLE:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES (Describe in detail the duties you performed):					
NAME OF EMPLOYER:		YOUR JOB TITLE:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES (Describe in detail the duties you performed):					

NAME OF EMPLOYER:		YOUR JOB TITLE:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES (Describe in detail the duties you performed):					

NAME OF EMPLOYER:		YOUR JOB TITLE:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:		FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES (Describe in detail the duties you performed):					

SIGNATURE -- TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION

I certify that all information on this application is correct and complete to the best of my knowledge. I understand that the Town may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (mo./day/yr.) Signature

REFERRAL SOURCE

- | | |
|---|---|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Professional Magazine or Journal | <input type="checkbox"/> Internet/Town Web site |
| <input type="checkbox"/> A Friend or Relative | <input type="checkbox"/> Other : |
| <input type="checkbox"/> A Town Employee | _____ |