

APPLICATION FOR EMPLOYMENT



TOWN OF HINESBURG
10632 VT ROUTE 116
HINESBURG, VERMONT 05461
(802) 482-2281

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you legally eligible for employment in this country?

Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Shift Work

If you are applying for a job that may involve driving a municipal vehicle, please answer the following:

Do you possess a valid Vermont Driver's License? Yes No

If Yes, License Number: _____

Please check License type: CDL Operators

Expiration Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

From	To	Employer	Telephone #
Starting Job Title	Final Job Title	Address	
Name of Supervisor	Summarize the nature of work performed and job responsibilities		
May we contact for reference?		Reason for leaving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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May we contact for reference?		Reason for leaving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

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May we contact for reference?		Reason for leaving:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

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?

YES

NO

REFERENCES

1.) Name:	()
Address:	(Phone #)
2.) Name:	()
Address:	(Phone #)
3.) Name:	()
Address:	(Phone #)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any and that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Position(s) Considered For: _____

Arrange Interview: YES NO

Employed: YES NO

Date: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

By: _____
(Name & Title) (Date)

NOTES: _____