

APPLICATION FOR EMPLOYMENT

Town of Wallingford

The Town of Wallingford is an equal opportunity employer.

PERSONAL INFORMATION

DATE _____

NAME (LAST) _____ (FIRST) _____
(MIDDLE) _____.

DATE of BIRTH _____.

ADDRESS
(STREET) _____
(Town) _____ (STATE) _____ (ZIP) _____.

MAILING ADDRESS, IF DIFFERENT _____

HOME PHONE _____ CELLPHONE _____

EMAIL _____

REFERRED BY _____.

IN CASE OF EMERGENCY, NOTIFY (NAME, ADDRESS & Phone#)

IF RELATED TO ANYONE IN THE TOWN'S EMPLOY, STATE NAME:

EMPLOYMENT

POSITION APPLYING FOR: _____ STARTING DATE _____

SALARY DESIRED _____.

DATES NOT AVAILABLE (VACATION, OTHER COMMITMENTS): _____

EDUCATION

High School _____

Location of School _____

Highest Grade Completed _____

College _____

Location _____

Years Attended College _____

Major Subjects _____

Degree _____

=====
WORK EXPERIENCE

Describe prior experience or skills related to the type of work desired:

List any licenses, security or bonding clearance, or certificates you have:

Technology and equipment skills (computer software, machine operation etc.):

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EXPERIENCE (if applying for a position with the road crew, otherwise skip to Former Employers)

VT. DRIVER'S LICENSE # _____
VT. CDL # _____ EXPIRATION DATE: _____

LIST HEAVY EQUIPMENT EXPERIENCE

LIST SNOW PLOWING EXPERIENCE

DESCRIBE ANY OTHER SPECIAL SKILLS OR TRAINING WHICH MAY BE USED IN THIS POSITION.

FORMER EMPLOYERS – LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.

Table with 4 columns: MONTH & YEAR, NAME AND ADDRESS, POSITION & SALARY, REASON FOR LEAVING. Rows include 'From to' placeholders.

ARE YOU EMPLOYED NOW? Yes or No (circle one) NAME OF PRESENT EMPLOYER? _____

MAY WE INQUIRE OF PRESENT EMPLOYER? Yes or No (circle one)PHONE # _____

=====
Are you a veteran of the U.S. Military Service: Yes ___ No ___

If so, what branch and military training relevant to job applied for: _____

REFERENCES: Give below the names of three persons that are not a former employer and not related to you, whom you have known at least one year.

| Name | address | phone # | years acquainted | |
|------|---------|---------|------------------|--|
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If you wish to give any additional information, use space below:

Random drug and alcohol testing are conducted.
 You may attach a resume if you wish

READ, DATE, AND SIGN

I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for rejection or, if employed, may be just cause for immediate dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed hereon including this municipality to answer any and all questions, provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract. Furthermore, in the event I am hired, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality. I agree to comply with all reasonable rules of the municipality as a condition of employment. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date _____ Signature _____
 DATE _____

The town of Wallingford, VT is an equal opportunity employer.

INTERVIEWER'S USE

APPLICANT

COMMENTS

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REFERENCE CHECKS

APPLICANT

RESULTS OF REFERENCE CHECK

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