

# APPLICATION FOR EMPLOYMENT

**Town of Wallingford**

*The Town is an equal opportunity employer.*

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## PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_  
(MIDDLE) \_\_\_\_\_.

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

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## EMPLOYMENT

POSITION APPLYING FOR: \_\_\_\_\_ STARTING DATE \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_.

DATES NOT AVAILABLE (VACATION, OTHER COMMITMENTS): \_\_\_\_\_

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**EDUCATION**

	<i>Name of school/college</i>	<i>date attended</i>	<i>date graduated</i>
<i>Grade School</i>			
<i>High School/GED</i>			
<i>College/Trade</i>			

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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.

<i>MONTH &amp; YEAR</i>	<i>NAME AND ADDRESS</i>	<i>POSITION &amp; SALARY</i>	<i>REASON FOR LEAVING</i>	
<i>From</i> <i>to</i>				
<i>From</i> <i>to</i>				
<i>From</i> <i>to</i>				
<i>From</i> <i>to</i>				

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 #\_\_\_\_\_

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**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	

If you wish to give any additional information, use space below:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?      YES      NO      (circle one)

If so, explain:

Random drug and alcohol testing is conducted by Vermont League of Cities and Towns  
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 dismissal. Further, 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\_\_\_\_\_

## INTERVIEWER'S USE

APPLICANT

COMMENTS


## REFERENCE CHECKS

APPLICANT

RESULTS OF REFERENCE CHECK

