

# APPLICATION FOR EMPLOYMENT

PERSONAL

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Initial

ADDRESS \_\_\_\_\_  
Street City State Zip

SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_  
Name Address Phone

DATE

SCHOOLS

NAME OF SCHOOL	DATE ATTENDED		GRADE COMPLETED	COURSE OR MAJOR SUBJECT
	From	To		
Grade School				
High School				
Business or Trade School				
College or University				

NAME

Last

MISCELLANEOUS TRAINING

**OFFICE MACHINES OPERATED**  
 (Fill out if applying for office work)

\_\_\_\_\_

\_\_\_\_\_

SHORTHAND SPEED \_\_\_\_\_ W P M

TYPING SPEED \_\_\_\_\_ W P M

**OTHER MACHINES OR EQUIPMENT OPERATED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First

DESCRIBE ANY OTHER SPECIAL SKILLS WHICH ARE IN ANY WAY RELATED TO THE KIND OF WORK YOU WANT TO DO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORK EXPERIENCE

1. Name of PRESENT or LAST employer

Name of PRESENT or LAST employer				Business		Address	
Starting Date		Leaving Date		[REDACTED]	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

2. Name of NEXT PREVIOUS employer

Name of NEXT PREVIOUS employer				Business		Address	
Starting Date		Leaving Date		[REDACTED]	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

3. Name of NEXT PREVIOUS employer

Name of NEXT PREVIOUS employer				Business		Address	
Starting Date		Leaving Date		[REDACTED]	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

MILITARY

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Major Duties \_\_\_\_\_

\_\_\_\_\_

Service Schools Attended \_\_\_\_\_

Present Military Obligation (Reserves) \_\_\_\_\_

REFERENCES

**Personal References (Not former Employers or Relatives)**

	Name and Occupation	Address	Phone
1.			
2.			
3.			
4.			

Have you ever been convicted of any crime?  YES  NO  
 (If answer is yes, please explain on separate sheet.)

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

Do you possess a valid VT Driver's License  YES  NO License Number \_\_\_\_\_

Please check License Type:  Operators  
 CDL

Expiration Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_