

Shifts or times you will work:

Day Afternoon Graveyard Rotating Weekends Holidays

Will you work daily overtime on occasion if necessary? Yes No

Will you work extra days in the week if necessary? Yes No

Do you plan to work elsewhere or attend school while working here? Yes No

EDUCATION and TRAINING

If this information is included on an attached resume, please disregard this section.

High School

Name of last high school _____

Location _____

Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12 Average grade: _____

Special courses (typing, technical, etc.) _____

College or University

Name _____

Location _____

Years attended _____ Degree _____

Major subjects _____ GPA _____

Other (graduate, trade school, correspondence school, etc.)

Name _____

Location _____

Course length _____ Was course completed? Yes No

Degree _____ Subject _____

Grade average _____

EMPLOYMENT and U.S. MILITARY SERVICE RECORD

Please complete this section even if you have attached a resume. Give a complete account of your full-time employment. Begin with your *present* or *most recent* positions and *work back*.

1. Employer's name and address _____

Supervisor _____ Telephone _____

Main duties _____

From _____ To _____ Starting Pay _____ Ending Pay _____

Why did you leave? _____

2. Employer's name and address _____

Supervisor _____ Telephone _____

Main duties _____

From _____ To _____ Starting Pay _____ Ending Pay _____

Why did you leave? _____

3. Other positions and periods of unemployment:

Employer _____

Main Duties _____

From _____ To _____ Pay _____

Why did you leave? _____

Employer _____

Main Duties _____

From _____ To _____ Pay _____

Why did you leave? _____

Employer _____

Main Duties _____

From _____ To _____ Pay _____

Why did you leave? _____

How much advance notice do you need to give your present employer? _____

Will you give us written permission to contact your current and/or former employers? Yes No

If you have ever been discharged or if you have ever resigned from any employment, please identify the employer and state the reasons for the discharge and/or resignation.

Are you a veteran of the U.S. military service? Yes No

If so, Branch _____ Dates _____

Military training and experience relevant to job applied for: _____

Other Skills/Training. Describe your skills, experience, certifications or other training that are relevant to the job sought (including membership in any trade organizations or professional societies).

Is a resume attached? Yes No

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be 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 for employment. Furthermore, in the event I am employed, 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.

Signature of Applicant

Date

The Town of Stowe is an equal opportunity employer. It is the policy of this Municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other protected status under federal or state law.