



Town of Shaftsbury
P.O. BOX 409
SHAFTSBURY, VERMONT 05262

APPLICATION FOR EMPLOYMENT

PERSONAL

POSITION APPLIED FOR _____

NAME _____
Last First Initial

ADDRESS _____
Street City State Zip

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				Business		Address	
Starting Date		Leaving Date		Wages	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				Business		Address	
Starting Date		Leaving Date		Wages	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				Business		Address	
Starting Date		Leaving Date		Wages	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:
