



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

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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last

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

| Professional References (Former Employers) |         |       |
|--|---------|-------|
| 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS SPACE  
FOR INTERVIEWER'S USE**

| INTERVIEWER | DATE | COMMENTS |
|-------------|------|----------|
|             |      |          |
|             |      |          |
|             |      |          |
|             |      |          |

**FOR TEST ADMINISTRATOR'S USE**

| TESTS ADMINISTERED | DATE | RAW SCORE | RATING | COMMENTS AND INTERPRETATIONS |
|--------------------|------|-----------|--------|------------------------------|
|                    |      |           |        |                              |
|                    |      |           |        |                              |
|                    |      |           |        |                              |
|                    |      |           |        |                              |

**REFERENCE CHECK**

| *Position Number | RESULTS OF REFERENCE CHECK |
|------------------|----------------------------|
| 1                |                            |
| 2                |                            |
| 3                |                            |
| 4                |                            |

\*See page 3