



30 Kimball Avenue, Suite 101
 South Burlington, VT 05403
 Fax: 802-860-6628

APPLICATION FOR EMPLOYMENT Vermont

An Equal Opportunity Employer

PERSONAL INFORMATION

Applicants may be tested for illegal drug use.

Name (Last Name First) _____ Social Security Number _____

Present Street Address _____ City _____ State _____ Zip _____

Telephone Number _____ Alternate Phone Number _____ E-mail address _____

Are You 18 Years or Older? YES NO

DRIVING INFORMATION

Do you have a valid driver's License? YES NO

Driver's License Number _____ State of Issue _____ Expiration Date _____ Type (Operator, CDL, Chauffeur) _____

Have you had any accidents during the past three (3) years? Yes No If Yes, How Many? _____

Have you had any moving violations during the past three (3) years? Yes No If Yes, How Many? _____

DESIRED EMPLOYMENT

Position _____ Date You Can Start _____ Salary Desired _____

Can you work nights and weekends? Yes No

How did you hear about this company/ position? Newspaper Ad Online Ad Friend
 Employment Agency State Employment Office Walk-In Other: _____

EDUCATION/ SERVICE HISTORY

School Level	Name & Location of School	# of Yrs. Attended	Did you graduate?	Subjects/ Trades Studied
High School				
College				
Trade, Business or Correspondence School				
Other				
Service History	Discharge Date	Rank		Comments
Branch of Service				

LIST LAST THREE EMPLOYERS**(Starting with the Present or Most Recent)**May we contact your present or prior Employer(s)? Yes No**1.**Name of Present or Last Employer _____ May we contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Telephone Number _____

Job Title _____ Start Date _____ Leaving Date _____

Reason for Leaving (Please Be Specific) _____

2.Name of Prior Employer _____ May we contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Telephone Number _____

Job Title _____ Start Date _____ Leaving Date _____

Reason for Leaving (Please Be Specific) _____

3.Name of Prior Employer _____ May we contact your Supervisor? Yes No

Name of Supervisor _____ Title _____ Telephone Number _____

Job Title _____ Start Date _____ Leaving Date _____

Reason for Leaving (Please Be Specific) _____

REFERENCES (Give Names of Three Persons You Are Not Related To, Whom You Have Known at Least One Year.)

Name _____ Business _____ Years Acquainted _____ Phone Number _____

Name _____ Business _____ Years Acquainted _____ Phone Number _____

Name _____ Business _____ Years Acquainted _____ Phone Number _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature _____

Dated _____