

**TOWN OF STOWE, VT
EMPLOYMENT APPLICATION**

PERSONAL INFORMATION

Last Name First Name Middle Name Date

Street Address

City, State, Zip Telephone

Email Address

If an offer of employment is made, can you submit proof that you are Yes No
legally permitted to work in the U.S.?
*(Please note that if you are hired to work, you will be required to furnish valid documentation that you are
legally entitled to work in the U.S. prior to employment.)*

Have you ever worked for this municipality before? Yes No

Do you have any relatives working for this municipality? Yes No

If so, name of relative: _____

WORK PREFERENCE

Type of work desired: _____

Expected salary: _____

Other positions for which you feel qualified: _____

Referral source: Friend Relative Employment Agency Other _____

AVAILABILITY FOR WORK

Date available for work _____ Full-time Part-time Temporary

Shifts or times you will work: Day Afternoon Graveyard Rotating Weekends Holidays

Will you work daily overtime if necessary? Yes No

Will you work extra days in the week if necessary? 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: _____

Highest year completed: _____ GPA: _____

College or University

Name: _____

Location: _____

Years attended: _____ GPA: _____

Degree/Major: _____

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

Name: _____

Location: _____

Years attended: _____ GPA: _____

Do you have any Emergency Medical Service Training? Yes No

Do you have any Fire Training? Yes No

Are you willing to serve the Town of Stowe as a volunteer EMT or Firefighter? Yes No

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*.

Employer's name and address: _____

Supervisor: _____ Email: _____ Telephone: _____

Main duties _____

From: _____ To: _____

Reason for leaving: _____

Employer's name and address: _____

Supervisor: _____ Email: _____ Telephone: _____

Main duties _____

From: _____ To: _____

Reason for leaving: _____

Employer name and address: _____

Main Duties: _____

From: _____ To: _____

Reason for leaving: _____

Employer name and address: _____

Main Duties: _____

From: _____ To: _____

Reason for leaving: _____

Employer name and address: _____

Main Duties: _____

From: _____ To: _____

Reason for leaving: _____

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

Will you give us written permission to contact your current employer? Yes No

Will you give us written permission to contact your 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.