

# APPLICATION FOR EMPLOYMENT

## Village of Essex Junction

2 Lincoln Street  
Essex Junction, VT 05452  
(802) 878-6944  
www.essexjunction.org

An equal opportunity employer.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
                     Last                                      First                                      Middle Initial

Address: \_\_\_\_\_  
                                     Street                                      City                                      State                                      Zip Code

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Email Address \_\_\_\_\_

Is your citizenship or immigration status such that you can lawfully work in the U.S.? Yes \_\_\_ No \_\_\_  
 Proof of citizenship or presentation of an alien registration number is required, if employed, within 3 working days.

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date available: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATION

SCHOOL NAME	GRADE COMPLETED	COURSE OR MAJOR SUBJECT
High School		
College		
Trade, Business or Correspondence School		
Other		

## GENERAL SKILLS

Describe any special skills or machines/equipment you have operated which are related in any way to the type of work you are seeking.

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## MILITARY INFORMATION

U. S. Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present membership in the National Guard or Reserve: \_\_\_\_\_

## MISCELLANEOUS

1. Do you possess a valid Vermont driver's license? Yes \_\_\_ No \_\_\_
- Please check license type: Operator's \_\_\_ CDL \_\_\_ Class \_\_\_
- License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

2. Professional Licenses or Certifications (list)
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Please state any additional information you feel may be helpful to us in considering your application.

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If you need additional space, please continue on a separate sheet of paper.

**CURRENT AND FORMER EMPLOYERS** (List last four employers, starting with last one first.)

COMPANY (present or most recent)		Address: _____ Contact #: _____	
Employed from (month & year) From _____ To _____	Rate of pay Start _____ Ending _____	Average # of hours per week	
Position(s) held	Current Supervisor's Name/Title/Contact # if different		
Describe your duties			
Reason for leaving		May we contact this employer? Yes ___ No ___	

COMPANY		Address: _____ Contact #: _____	
Employed from (month & year) From _____ To _____	Rate of pay Start _____ Ending _____	Average # of hours per week	
Position(s) held	Supervisor's Name/Title/Contact # if different		
Describe your duties			
Reason for leaving		May we contact this employer? Yes ___ No ___	

COMPANY		Address: _____ Contact #: _____	
Employed from (month & year) From _____ To _____	Rate of pay Start _____ Ending _____	Average # of hours per week	
Position(s) held	Supervisor's Name/Title/Contact # if different		
Describe your duties			
Reason for leaving		May we contact this employer? Yes ___ No ___	

COMPANY		Address: _____ Contact #: _____	
Employed from (month & year) From _____ To _____	Rate of pay Start _____ Ending _____	Average # of hours per week	
Position(s) held	Supervisor's Name/Title/Contact # if different		
Describe your duties			
Reason for leaving		May we contact this employer? Yes ___ No ___	

# REFERENCES

Please list three personal references (not former employers or relatives).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email address \_\_\_\_\_

Contact # \_\_\_\_\_ (specify cell, home, etc.) Years acquainted: \_\_\_\_\_

Occupation or business: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email address \_\_\_\_\_

Contact # \_\_\_\_\_ (specify cell, home, etc.) Years acquainted: \_\_\_\_\_

Occupation or business: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email address \_\_\_\_\_

Contact # \_\_\_\_\_ (specify cell, home, etc.) Years acquainted: \_\_\_\_\_

Occupation or business: \_\_\_\_\_

I certify that all information given on this application is true and correct to the best of my knowledge. In the event of my employment, I understand that false or misleading information given on my application or during interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date