



# TOWN OF SHELBURNE, VERMONT

## APPLICATION FOR EMPLOYMENT

Position Applying For: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education and Training:

High School, Trade, or College Attended	No. of Yrs./ Grades Completed	Degree Earned	Major Course Of Study	GPA

### Employment History:

Employer	Job Title/Description	Dates Employed	Why Did You Leave?

Date Available for Work: \_\_\_\_\_ Full Time or Part Time: \_\_\_\_\_

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Permission to contact your current and/or former employers?  Yes  No

**Military Information:**

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 being applied for, including membership in any trade organizations or profession societies.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

(Include names, addresses, phone numbers and places of employment)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is a resume attached:  Yes  No

**Citizenship / Authorization to Work:**

If an offer of employment is made, can you submit proof that you are legally permitted to work in the United States?  Yes  No

(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.)

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 No. \_\_\_\_\_

Please check license type: \_\_\_\_\_ Operators \_\_\_\_\_ CDL Expiration Date: \_\_\_\_\_

If you wish to give additional information, please use space below:

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**Certificate of Applicant: (Read 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 and 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 to employ me. 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Town of Shelburne is an Equal Opportunity Employer***