



Town of Middlebury Application for Employment

We consider applicants for all positions without regard to race, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position applied for _____ **Date of Application** _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Cell Phone	Email	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you been employed with us before? If yes give date _____ Yes No

Are you currently employed? Yes No
 May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years Yes No
 Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EDUCATION:	CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED															
High School Diploma or GED? () Yes () No	1	2	3	4	5	6	7	8	9	10	11	12	College 1	2	3	4
Name & Address of High School	_____															
Name & Address of College or University	_____															

Indicate any foreign languages you can speak, read or write:

_____ Speak Read Write
 _____ Speak Read Write

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

_____ _____ _____ _____ _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

5.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

Additional Information

List professional, trade, business or civil activities and offices held.

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills / Equipment Operated

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Computer | Production/Mobile Machinery/Computer Programs (List) |
| <input type="checkbox"/> Calculator | _____ |
| <input type="checkbox"/> Fax | _____ |

State any additional information you feel may be helpful in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached

Yes No

References

1.	_____	_____
	Name	Phone
	_____	_____
	Address	Email
2.	_____	_____
	Name	Phone
	_____	_____
	Address	Email
3.	_____	_____
	Name	Phone
	_____	_____
	Address	Email
4.	_____	_____
	Name	Phone
	_____	_____
	Address	Email

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant _____ Date _____