

**TOWN OF THETFORD, VERMONT
APPLICATION FOR EMPLOYMENT**

The Town of Thetford 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.

Date of Application _____

Name: Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

(____) _____ (____) _____
Telephone Cell E-mail

Position applied for _____

How did you hear of this opening? _____

When can you start _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Are you looking for full time employment? [] Yes [] No

If no, what hours are you available? _____

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Have you ever worked for the Town of Thetford before? [] Yes [] No

Do you have any relatives working for the Town of Thetford? [] Yes [] No

Do you plan to work elsewhere or attend school while working here? [] Yes [] No

Are you presently employed? [] Yes [] No

If presently employed, how much advance notice do you need to give your present employer? _____

Will you give us written permission to contact your current and/or 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).

EDUCATION and TRAINING

If this information is included on an attached resume, please disregard this section.

High School

Name of last high school _____

Location _____

Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Special courses (typing, technical, etc.) _____

College or University

Name _____

Location _____

Years attended _____ Degree _____

Major subjects _____

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

Name _____

Location _____

Course length _____ Was course completed? [] Yes [] No

Degree _____ Subject _____

Employment History (start with most recent employer):

Company name _____
Address _____ Telephone (____) _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
Reason for leaving _____

Company name _____
Address _____ Telephone (____) _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
Reason for leaving _____

Company name _____
Address _____ Telephone (____) _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
Reason for leaving _____

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Attach additional information if necessary.

Is a resume attached? [] Yes [] No

REFERENCES:

Give name, address, telephone numbers and e-mail address of four references that are not related to you and are not previous employers.

1. _____
2. _____
3. _____
4. _____

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

APPLICANTS CERTIFICATION

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The Town of Thetford is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment with the Town of Thetford is "at will," which means that either I or the Town of Thetford can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no employee, supervisor, or official of the Town of Thetford, other than Town of Thetford Selectboard has the authority to alter the foregoing.

Signature _____ Date _____

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For Official Use Only

To Be Completed By Supervisor

Applicant's Name: _____

To be considered for the position of: _____

Date application reviewed: _____

Date interviewed: _____

References attached? Yes No If no, please explain:

Only After All Applications for This Position Have Been Reviewed

Should applicant be recommended to the Selectboard for hiring? Yes No

Supervisor Signature _____ *Date* _____

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To Be Completed by Selectboard

Date application reviewed by Selectboard: _____

If necessary, date applicant interviewed by Selectboard: _____

Date of Selectboard decision: [] To hire [] Not to hire on _____

Job Level _____ Points _____ Years of Experience _____

Rate of Pay/Hourly: _____

The probationary period will be from _____ to _____

Date supervisor notified of decision: _____

Date application form sent to Treasurer's Office _____

Selectboard Liaison _____ *Date* _____

Supervisor will notify Treasurer's Office of the following (by phone or e-mail):

Date applicant notified of decision [] by official letter [] by phone call: _____

Applicant's response to job offer: [] Accept [] Not to accept position

Date applicant's response received: _____

Treasurer/Asst Treasurer _____ *Date* _____

Note: All applications for any Town position are to be filed and retained for two (2) years in the Treasurer's office. All successful applications will become part of that individual's personnel file.