

# EMPLOYMENT APPLICATION

**TOWN OF BRANDON  
49 CENTER STREET  
BRANDON, VT 05733**

NAME (Last, First, MI)		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY OR TOWN	
STATE	ZIP CODE	HOME PHONE	BUSINESS PHONE
POSITION APPLYING FOR		MINIMUM SALARY ACCEPTABLE	
AVAILABILITY (permanent, temporary, fulltime, parttime, date)			

## GENERAL INSTRUCTIONS AND INFORMATION

- Resume may be attached only for additional information. Application must be completed regardless of resume attachment.
- Please print legibly in ink or type all information.
- Sign the application. Unsigned applications will NOT be processed.
- Applications received after an application deadline may not be accepted.
- The information you give on this application will be the basis for evaluating your training and experience. Do not disqualify yourself because you have not carefully.

THANK YOU FOR APPLYING TO THE TOWN OF BRANDON

## EDUCATION AND FORMAL TRAINING

Do you have a High School diploma or GED Certificate?  Yes  No If no, highest grade completed \_\_\_\_\_

Colleges, Nursing, Military, Trades, Business or Other Schools Attended

Name and Address	Major Course of Study	Dates Attended		Credits Earned			Graduated Yes/No	Degree Earned and Year
		From Mo/Yr	To Mo/Yr	QTR Hrs	SEM Hrs	Other		

List professional licenses, registration or certification

Name of Licensing Agency	Type of License	Date of Issue	Expiration Date

## WORK EXPERIENCE

Beginning with your PRESENT OF MOST RECENT employment or volunteer experience and working backward, list your work experience. Include unpaid or volunteer work, if applicable. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. You MUST fill out this section completely even if a resume is being attached. Information which you provide on this application is subject to verification.

<b>1</b>	Job Title	Employer	Kind of Business
Address		Supervisor's Name and Telephone	
Total time in this position:		From:	To:
Average hours worked per week:	Start Hour Pay: \$	Last Hour Pay: \$	
If you supervised employees, indicate your responsibility by checking the appropriate box(es)			
<input type="checkbox"/> Assigned and reviewed work	<input type="checkbox"/> Rated Work performance	<input type="checkbox"/> Hired or recommended hiring	<input type="checkbox"/> Handled disciplinary problems
Indicate number of employees and job types supervised:			
Duties: (be specific)			
Reason for leaving:		May we contact this employer? Yes ( ) No ( )	

<b>2</b>	JobTitle	Employer	Kind of Business
Address		Supervisor's Name and Telephone	
Total time in this position:		From:	To:
Average hours worked per week:	Start Hour Pay: \$	Last Hour Pay: \$	
If you supervised employees, indicate your responsibility by checking the appropriate box(es)			
<input type="checkbox"/> Assigned and reviewed work	<input type="checkbox"/> Rated Work performance	<input type="checkbox"/> Hired or recommended hiring	<input type="checkbox"/> Handled disciplinary problems
Indicate number of employees and job types supervised:			
Duties: (be specific)			
Reason for leaving:		May we contact this employer? Yes ( ) No ( )	

<b>3</b>	JobTitle	Employer	Kind of Business
Address		Supervisor's Name and Telephone	
Total time in this position:		From:	To:
Average hours worked per week:	Start Hour Pay: \$	Last Hour Pay: \$	
If you supervised employees, indicate your responsibility by checking the appropriate box(es)			
<input type="checkbox"/> Assigned and reviewed work	<input type="checkbox"/> Rated Work performance	<input type="checkbox"/> Hired or recommended hiring	<input type="checkbox"/> Handled disciplinary problems
Indicate number of employees and job types supervised:			
Duties: (be specific)			
Reason for leaving:		May we contact this employer? Yes ( ) No ( )	

<b>4</b>	JobTitle	Employer	Kind of Business
Address		Supervisor's Name and Telephone	
Total time in this position:		From:	To:
Average hours worked per week:	Start Hour Pay: \$	Last Hour Pay: \$	
If you supervised employees, indicate your responsibility by checking the appropriate box(es)			
<input type="checkbox"/> Assigned and reviewed work	<input type="checkbox"/> Rated Work performance	<input type="checkbox"/> Hired or recommended hiring	<input type="checkbox"/> Handled disciplinary problems
Indicate number of employees and job types supervised:			
Duties: (be specific)			
Reason for leaving:		May we contact this employer? Yes ( ) No ( )	

# REFERENCES

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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*I am aware that if I provide false information, my application may be rejected and my name removed from consideration for employment. If already employed, I may be dismissed from employment and disqualified from applying, in the future, for any other position with the Town of Brandon. Unless otherwise indicated, any offer of employment is subject to appropriate reference and/or background investigation which the employer may conduct.*

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date