

TOWN OF PLAINFIELD, VERMONT APPLICATION FOR EMPLOYMENT

DATE:
NAME:
EMAIL ADDRESS:
PHYSICAL ADDRESS:
PHONE/ TEXT:

EMPLOYMENT DESIRED

POSITION DESIRED:
DATE YOU CAN START:
ARE YOU EMPLOYED NOW?
IF SO, MAY WE INQUIRE WITH YOUR CURRENT EMPLOYER?

EDUCATION

HIGH SCHOOL:	
DID YOU GRADUATE?:	NUMBER OF YEARS ATTENDED:
COLLEGE OR TRADE SCHOOL:	
MAJOR SUBJECT:	
Degree or Certification:	NUMBER OF YEARS ATTENDED:
ADDITIONAL TRAINING/ EDUCATION:	

EMPLOYMENT HISTORY

NAME, STATE, EMAIL & PHONE NUMBER OF 3 MOST RECENT EMPLOYERS	POSITION	DATES EMPLOYED (approx)	MAY WE CONTACT? (YES OR NO)
I.			

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2.			
3.			

REFERENCES: PLEASE LIST UNRELATED PEOPLE WHO HAVE KNOWN YOU OVER ONE YEAR.

1. NAME:	EMAIL:
RELATIONSHIP:	PHONE:
2. NAME:	EMAIL:
RELATIONSHIP:	PHONE:
3. NAME:	EMAIL:
RELATIONSHIP:	PHONE:

DRIVER EXPERIENCE

CDL LICENSE #	STATE:	EXPIRATION DATE:	
# YRS CLASS A:	# YRS CLASS B:	# YRS CLASS C:	
# YRS LOADER:	# YEARS EXCAVATOR:	# YRS BACKHOE:	# YRS FARM TRACTOR:

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ACCIDENT HISTORY FROM PAST 3 YEARS - PLEASE LIST ALL

(continue accident history on the next page, if needed)

DATE OF ACCIDENT(S)	NATURE OF ACCIDENT(S)	FATALITIES/PERSONAL INJURIES

MOTOR VEHICLE VIOLATIONS FROM PAST 3 YEARS

DATE OF CONVICTION(S):	OFFENSE(S):

MILITARY SERVICE

BRANCH:	DATES:
RANK:	
TYPE OF DISCHARGE (& OPTIONAL EXPLANATION)::	

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

SIGNATURE:	DATE:
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>>> OPTIONAL: ON THE NEXT PAGE, PLEASE ADD ANY ADDITIONAL INFORMATION – IN YOUR OWN WORDS – THAT YOU FIND IMPORTANT OR RELEVANT. <<<

TOWN OF PLAINFIELD, VERMONT APPLICATION FOR EMPLOYMENT

EMAIL or SEND APPLICATIONS TO:

TOWN OF PLAINFIELD

PO Box 217

Plainfield, VT 05667

townclerk@plainfieldvt.gov