

***Town of Sharon***  
***Application for Employment***

69 VT Rte 132, PO Box 250, Sharon, VT 05065 802-763-8268

The Town of Sharon, VT is an equal opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, HIV status, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*PLEASE PRINT*

Date of Application \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Are you applying for: temporary work – such as summer or holiday work? ☐ yes ☐ no

Regular part-time work? ☐ yes ☐ no Available starting when? \_\_\_\_\_

Regular full-time work? ☐ yes ☐ no Available starting when? \_\_\_\_\_

Are you available to work overtime? ☐ yes ☐ no Comment? \_\_\_\_\_

Referral source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in

☐ Employment Agency ☐ Other

Name \_\_\_\_\_  
Last First Middle Initial

Street Address \_\_\_\_\_  
Number Street City State Zip Code

Mailing Address \_\_\_\_\_  
(if different from above)

Email Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ ☐ home phone ☐ cell phone

Are you over the age of 18? ☐ yes ☐ no (If under 18, hire is subject to verification of minimum legal age.)

Have you filed an application here before? ☐ yes ☐ no If yes, give date \_\_\_\_\_

Have you ever been employed here before? ☐ yes ☐ no If yes, give date \_\_\_\_\_

Are you employed now? ☐ yes ☐ no May we contact your present employer? ☐ yes ☐ no

Salary desired: \$ \_\_\_\_\_ If hired, would you be able to present evidence that you legally can work in the United States? ☐ yes ☐ no

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ yes ☐ no

If no, please describe the functions that **cannot** be performed: \_\_\_\_\_.

*(Note: The Town of Sharon complies with the American for Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

## EDUCATION

High School, Trade, Business school, College or Graduate School Attended	No. of Yrs/Grades Completed	Degrees earned or expected.	Major Courses of Study	GPA/ Major

Describe Specialized Training, Apprenticeships, Skills, you have acquired and any extra-curricular activities you participated in: \_\_\_\_\_.

## EMPLOYMENT HISTORY and U.S. MILITARY SERVICE

Please complete this section even if you have attached a resume. Give a complete account of your job duties. Begin with your *present* or *most recent* positions and *work backwards*.

- Employer's name and address: \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
 Main duties \_\_\_\_\_  
 \_\_\_\_\_.

From \_\_\_\_\_ To \_\_\_\_\_.

Why did you leave? \_\_\_\_\_.

2. Employer's name and address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Main duties \_\_\_\_\_

\_\_\_\_\_.

From \_\_\_\_\_ To \_\_\_\_\_.

Why did you leave? \_\_\_\_\_.

3. Employer's name and address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Main duties \_\_\_\_\_

\_\_\_\_\_.

From \_\_\_\_\_ To \_\_\_\_\_.

Why did you leave? \_\_\_\_\_.

Which of these jobs did you like best and why? \_\_\_\_\_

\_\_\_\_\_.

Special Skills and Qualifications: Please summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_.

Do you have and are maintaining a valid CDL driver's license? Class \_\_\_\_\_ ☐ yes ☐ no

Do you have a current medical card for CDL licensure? ☐ yes ☐ no

Are you a veteran of the U.S. military service? ☐ yes ☐ no If yes, branch \_\_\_\_\_.

Dates of service: \_\_\_\_\_

Please list and professional, trade, business or civic activities and offices held or currently being held that may provide relevant experience for the position under consideration. *(Note: you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):* \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please provide three (3) work-related references, are not related to you, and who can respond to questions about your work capabilities and character.

1.	_____	_____	_____
	Name (First, last)	Mail Address	Telephone number
2.	_____	_____	_____
	Name (First, last)	Mail Address	Telephone number
3.	_____	_____	_____
	Name (First, last)	Mail Address	Telephone number

### **Applicant's Statement**

I certify that answers given herein are true and complete 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 to provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand that submission of an application does not guarantee employment. I understand that neither this document nor any offer of employment from the Town of Sharon constitutes an employment contract unless a specific document to that effect is executed by and between the Town and me, as employee, in writing. Furthermore, in the event I am employed by the Town of Sharon, 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 understand that if offered a position by the Town of Sharon, I may be required to submit to a pre-employment controlled substances screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of pre-employment screening will result in withdrawal of any employment offer or constitute grounds for termination of employment if I am already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Sharon, its representatives or agents, and I further release all parties involved from any and all liability for any and all damages that may result from provision of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

69 VT Rte 132, PO Box 250, Sharon, VT 05065 802-763-8268 x8

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