## Town of Sharon Application for Employment

15 School Street, 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?  |  |  |  |  |
| Referral source: Advertisement Friend Relative Walk-in Employment Agency Other   |  |  |  |  |
| NameLast First Middle Initial  |  |  |  |  |
| Street Address Number Street City State Zip Code   |  |  |  |  |
| Mailing Address  |  |  |  |  |
| Email Address  |  |  |  |  |
| Telephone Number: home phone cell phone  |  |  |  |  |
| Are you over the age of 18?  |  |  |  |  |
| Have you filed an application here before?   |  |  |  |  |
| Are you employed now?  |  |  |  |  |
| 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 ess<br>without reasonable accommoda  |                                    | of the job for no                   | which you are applying, either  | with or       |  |  |
|--|------------------------------------|-------------------------------------|---------------------------------|---------------|--|--|
| If no, please describe the functions that <b>cannot</b> be performed:  |                                    |                                     |                                 |               |  |  |
| (Note: The Town of Sharon co accommodation measures that functions. It is possible that a sexamination conducted by a me | may be necessa<br>hire may be test | ry for eligible<br>ed on skill/agil | applicants/employees to perfort | m essential   |  |  |
| High School, Trade, Business school, College or Graduate School Attended   | No. of<br>Yrs/Grades<br>Completed  | Degrees earned or expected.         | Major Courses of Study          | GPA/<br>Major |  |  |
|  |                                    |                                     |                                 |               |  |  |
|  |                                    |                                     |                                 |               |  |  |
|  |                                    |                                     |                                 |               |  |  |
|  |                                    |                                     |                                 |               |  |  |
|  |                                    |                                     |                                 |               |  |  |
| Describe Specialized Training, activities you participated in: _   |                                    |                                     | nave acquired and any extra-cur |               |  |  |
| EMPLOYMENT HISTO   | ORY and U.S.                       | . MILITAR                           | Y SERVICE                       |               |  |  |
| Please complete this section ev duties. Begin with your <i>present</i>   |                                    |                                     |                                 | f your job    |  |  |
|  |                                    |                                     |                                 |               |  |  |
| Supervisor Telephone  Main duties  |                                    |                                     |                                 |               |  |  |

|        | From   | To  | _          |
|--------|--|---|------------|
|        | Why did you leave?   |   |            |
| 2.     | Employer's name and address:                               |   |            |
| 2.     | Supervisor   |   | _          |
|        |  | Telephone   | _          |
|        |  |   |            |
|        | From   | To  | _          |
|        | Why did you leave?   |   | _•         |
| 3.     | Employer's name and address:                               |   |            |
|        | Supervisor   |   |            |
|        | Main duties  |   | _          |
|        |  | To  |            |
|        |  |   |            |
| W 110  |  | ?   |            |
| _      |  | nmarize special skills and qualifications acquired from   | _          |
|        |  |   |            |
| Do y   | you have and are maintaining a valid CDL of                | driver's license? Class yes _ no  |            |
| Do y   | you have a current medical card for CDL lie                | icensure?   |            |
|        | you a veteran of the U.S. military service? es of service: | yes no If yes, branch   | - <b>•</b> |
| that i | may provide relevant experience for the po                 | civic activities and offices held or currently being held osition under consideration. (Note: you may exclude bligion, national origin, age, ancestry, or handicap or |            |
|        |  |   |            |

| <b>REFERENCES:</b> Please provide respond to questions about your w  |   | are not related to you, and who can  |  |  |
|--|---|--|--|--|
| 1  |   |  |  |  |
| Name (First, last)   | Mail Address  | Telephone number   |  |  |
| 2Name (First, last)  |   |  |  |  |
| Name (First, last)   | Mail Address  | Telephone number   |  |  |
| Name (First, last)   | Mail Address  | Telephone number   |  |  |
|  | Applicant's Statement   |  |  |  |
| omissions or misrepresentations mismediate dismissal. I hereby au educational institution listed hereo   | old all persons h armless for giving  | ployed, may be just cause for on, firm, corporation or answer any and all questions and to                           |  |  |
| neither this document nor any offee<br>employment contract unless a spec-<br>and me, as employee, in writing. I<br>employment shall be completely v  | application does not guarantee emer of employment from the Town of cific document to that effect is executive. Furthermore, in the event I am emproluntary and may be terminated at by either myself or the municipality. | f Sharon constitutes an cuted by and between the Town bloyed by the Town of Sharon, my will at any time for any non- |  |  |
| I understand that if offered a position by the Town of Sharon, I may be required to submit to a pre-<br>employment controlled substances screening and background check as a condition of employment. I<br>understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of<br>pre-employment screening will result in withdrawal of any employment offer or constitute grounds for<br>termination of employment if I am already employed. I hereby authorize any and all schools, former<br>employers, references, courts and any others who have information about me to provide such<br>information to the Town of Sharon, its representatives or agents, and I further release all parties<br>involved from any and all liability for any and all damages that may result from provision of such<br>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            |                         |  |
|---|-----------------|-------------------------|--|
| 15 School Street PO Box 250 Sharon VT 05065 | 802-763-8268 x8 | financemor@sharonyt net |  |