

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? 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): _____
