

**Town of Pittsford
426 Plains Road, P.O. Box 10
Pittsford, VT 05763
(802) 483-6500**

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:						Date of Application					
How Did You Learn About Us?											
Advertisement		Friend		Walk-In		Internet Posting					
Employment Agency		Relative		Other		Social Media					

Last Name			First Name			Middle Name		
Address	Number	Street	City			State	Zip Code	
Telephone Number (s)						Email address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?								Yes				No
Have you ever filed an application with us before?								Yes				No
								If Yes, give date				
Have you ever been employed with us before?								Yes				No
								If Yes, give date				
Are you currently employed?								Yes				No
May we contact your present employer?								Yes				No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?												
Proof of citizenship or immigration status will be required upon employment.								Yes				No
On what date would you be available for work?												
Are you available to work:												
								Full Time				Part Time
								Shift Work				Temporary
Are you currently on "lay-off" status and subject to recall?								Yes				No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ School				
Other (Specify)				

Indicate any languages you speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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Employment Experience

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer				Work Performed

	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

___ Word Processing		___ XL Spreadsheets	___ Social Media Posting		Other (list):
___ PC		___ Scanning	___ Web Site Administrator		

	___ Calculator		___ Fax			
	Word		Email			
	Internet Research		Word Processing			

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.	___ YES	___ NO
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References

1.		()	
	(Name)		Phone #
	(Address)		
2.		()	
	(Name)		Phone #
	(Address)		
3.		()	
	(Name)		Phone #
	(Address)		

Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should

inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

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FOR PERSONNEL DEPARTMENT USE ONLY
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Arrange Interview			Yes			No	
Remarks							
Employed			Yes			No	Date of Employment
Job Title				Salary			Department
	By						
		Name and Title					Date

NOTES							

FOR PERSONNEL DEPARTMENT USE ONLY
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			Yes			No	
Position(s) Applied For is Open:							
Position(s) Considered For:							

		Date		

NOTES: