THE TOWN OF WAITSFIELD, VERMONT

RFD Box 390 WAITSFIELD, VERMONT 05673 (802) 496-2218

APPLICATION FOR EMPLOYMENT

NOTE: If you require more space than provided, please attach separate sheet(s).

PERSONA	AL									
NAME							7	TODAY'S DATE		
STREET	7-7-1-1		CITY				1	REFERRED 8Y:		
STATE		ZIP	SOCI	AL SECURITY NUMB	UMBER		1	APPLYING FOR: FULL TIME PART TIME TEMPORARY		
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EDUCAT	ION	'' = ' - '								
HIGH SCHOOL	NAME AND LOCA	ATION				CURRICULUM				
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COLLEGE					MAJOR	DEGF	le E			
OTHER										
SPECIAL	SKILLS OR	TRAINING (1	Γhat N	May Qualify	You For Wo	rk With Our Co	mpai	ıy)		
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EMPLOY	MENT (Start W	Tith Most Recent) TEMPLOYER PHONE						CITY, STATE		
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JOB TITLE		DUTIES								
SUPERVISOR'S NAM	ME									
STARTING SALARY / WAGES										
FINAL SALARY / WAGES		REASON FOR LEAVING					****			
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JOB TITLE		DUTIES						<u> </u>		
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STARTING SALARY	/ WAGES	 								
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FROM	TO	EMPLOYER				PHONE		CITY, STATE		
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FROM	то	EMPLOYER	EMPLOYER //					CITY, STATE		
JOB TITLE		DUTIES				11 /				
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FINAL SALARY / WAGES		REASON FOR LEAVING	REASON FOR LEAVING							
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POSITION(S) DESIRED													
													
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HOURS / DAYS AVAILABLE													
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REFERENCES		I											
NAME	ADDF	ADDRESS YEARS KNOWN											
A BBY YOU AND COME TO SEE													
APPLICANT'S STATEME	NT												
I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.													
Signature			Date										
	D() NOT WRITE	BELOW THIS LINE										
PERSONNEL ACTION													
REMARKS:													
				 									
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