

Miscellaneous Training

Office Machines Operated (Fill out if applying for office work)	Other Machines or Equipment Operated

Shorthand Speed: _____ WPM Typing Speed: _____ WPM

Describe any other special skills, which are in any way related to the kind of work that you want to do:

Work Experience

1. Name & Phone # of PRESENT or LAST Employer: _____

Business: _____ Address: _____

Starting Date: _____ Leaving Date: _____

Month / Year

Month / Year

Reason for Leaving: _____ May we contact: _____

Job Title: _____ Name of Supervisor: _____

Supervisors Job Title: _____

Description of Work and Responsibilities: _____

2. Name & Phone # of PRESENT or LAST Employer: _____
Business: _____ Address: _____
Starting Date: _____ Leaving Date: _____
Month / Year *Month / Year*
Reason for Leaving: _____ May we contact: _____
Job Title: _____ Name of Supervisor: _____
Supervisors Job Title: _____
Description of Work and Responsibilities: _____

3. Name & Phone # of PRESENT or LAST Employer: _____
Business: _____ Address: _____
Starting Date: _____ Leaving Date: _____
Month / Year *Month / Year*
Reason for Leaving: _____ May we contact: _____
Job Title: _____ Name of Supervisor: _____
Supervisors Job Title: _____
Description of Work and Responsibilities: _____

Military

Branch of Service: _____ From: _____ To: _____
Type of Discharge: _____
Major Duties: _____

Service Schools Attended: _____

Present Military Obligations (Reserves): _____

Background and References

Have you ever been convicted of any crime? Yes No

If Yes, please explain: _____

If you are applying for a job that may involve driving a municipal vehicle please answer the following:

Do you possess a valid Vermont Drivers License: Yes No

License Number: _____ Expiration Date: _____

License Type: Operators CDL

References:

Signature of Applicant: _____ Date: _____

If you wish to give additional information, use the space below:

