

TOWN OF BRATTLEBORO

230 Main Street, Brattleboro, VT 05301 • Phone 802-254-4541 • Fax 802-257-2322

APPLICATION FOR EMPLOYMENT

IT IS THE POLICY of the Town of Brattleboro to guarantee equal opportunity to all qualified applicants and to all employees. The Town of Brattleboro will not discriminate with respect to initial appointment, advancement, and general working conditions against any person regardless of age, race, creed, color, sex, sexual orientation, marital status, national origin, religious or political affiliation or disabilities.

Position/Type of Work/Department Applying For _____

PERSONAL:

Name in Full _____

Street and Mailing Address _____

Phone Where We May Contact You _____ Is this home, business, or message? _____

Have you worked for the Town of Brattleboro previously? _____ If so, dates _____

Department(s) _____ Supervisor(s) _____

Does the Town employ any of your immediate relatives (defined as spouse, children, step-children, parents, step-parents, brothers, sisters, mother-in-law, father-in-law, and other relatives who are actual members of your household)? If so, please list their names and departments:

EDUCATION:

School	Name	Town and State	Dates	Grade Completed	Type of Course
Elementary School					
High School					
College/Trade School					
Special Courses					

	Branch	Base	Dates	Rank at Discharge	Type of Training
Armed Forces					

QUALIFICATIONS:

What special skills, qualifications, and/or interests do you have, other than those required for the position in question, that you consider of value (such as licenses, memberships, typing or shorthand speed, equipment operating skills, honors, etc.)?

WORK EXPERIENCE:

Include paid or unpaid, full- or part-time, military, seasonal, etc. Start with most recent employer and work backward in time. Please use other side if you need more space.

1. Name of Present or Last Employer _____
 Business Address _____ Phone _____
 Title of Position AND Description of Responsibilities: _____

 _____ Hours per Week _____
 DATES: Starting _____ Ending _____ PAY: Starting _____ Ending _____
 Supervisor's Name _____ Title _____
 Reason for Leaving _____

2. Name of Present or Last Employer _____
 Business Address _____ Phone _____
 Title of Position AND Description of Responsibilities: _____

 _____ Hours per Week _____
 DATES: Starting _____ Ending _____ PAY: Starting _____ Ending _____
 Supervisor's Name _____ Title _____
 Reason for Leaving _____

3. Name of Present or Last Employer _____
 Business Address _____ Phone _____
 Title of Position AND Description of Responsibilities: _____

 _____ Hours per Week _____
 DATES: Starting _____ Ending _____ PAY: Starting _____ Ending _____
 Supervisor's Name _____ Title _____
 Reason for Leaving _____

4. Name of Present or Last Employer _____
 Business Address _____ Phone _____
 Title of Position AND Description of Responsibilities: _____

 _____ Hours per Week _____
 DATES: Starting _____ Ending _____ PAY: Starting _____ Ending _____
 Supervisor's Name _____ Title _____
 Reason for Leaving _____

5. Name of Present or Last Employer _____
 Business Address _____ Phone _____
 Title of Position AND Description of Responsibilities: _____

 _____ Hours per Week _____
 DATES: Starting _____ Ending _____ PAY: Starting _____ Ending _____
 Supervisor's Name _____ Title _____
 Reason for Leaving _____

May we contact your current employer? If not, why? _____

CHARACTER REFERENCES:

Do not use former employers or relatives.

Name	Address	Phone	Occupation	Years Known

1. Do you acknowledge that you are capable of performing, with or without reasonable accommodations, all the elements and tasks of the job for which you are applying? Yes [] No []

2. You may, at your discretion, note any reasonable accommodations necessary for you to be capable of performing all the essential elements or tasks of the job for which you are applying.

CERTIFICATION:

I hereby certify that the above statements are complete and true to the best of my knowledge. I understand that, if employed, false statements on this application may be considered sufficient cause for dismissal.

I authorize any necessary inquiries as to my character, reputation, and ability and release those supplying any information from all liability.

Signature of Applicant

Date

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly accredited representative of the Town of Brattleboro bearing this release or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Town of Brattleboro and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature (full name): _____

Print Full Name: _____

Other Names Used (include maiden name): _____

Current Address: _____

Telephone Number: _____

Today's Date: _____