

# APPLICATION FOR EMPLOYMENT

## TOWN OF NORTH HERO, VT.

**The Town of North Hero** considers 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. **Before you submit your application, make sure all sections of the application have been completed and that all information requested has been provided. At the sole discretion of the Selectboard, incomplete applications may not be considered.**

### PLEASE PRINT

Position Applying for: \_\_\_\_\_  
(Submit a separate application for each position applying for)

How did you hear about us? \_\_\_Advertisement\_\_\_ Website Walk-In \_\_\_Friend/Relative \_\_\_Other

### PERSONAL

Name (First, Middle, Last) : \_\_\_\_\_

Have you been known by any other name (if applicable)? \_\_\_\_\_

Address: \_\_\_\_\_

Town/City/State and Zip Code: \_\_\_\_\_

Phone Number(s) (where we may contact you): \_\_\_\_\_

E-mail address: \_\_\_\_\_

### GENERAL INFORMATION

If you are under 18 years of age, can you provide required proof of your eligibility to work? No Yes

Have you ever filed an application with us before? \_\_\_No Yes-Approximate Date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_No Yes-Approximate Date: \_\_\_\_\_

Are you currently employed? \_\_\_No Yes

If so, may we contact your employer for references? \_\_\_No Yes

Can you be lawfully employed in the USA? \_\_\_No Yes

On what date are you available to work? \_\_\_\_\_

Are you available to work: Full time Part time Shift work Temporary/Seasonal Volunteer

Are you currently on layoff status, subject to recall? \_\_\_No Yes

Can you travel if a job requires it? \_\_\_No Yes

Do you require any type of special accommodation? \_\_\_No Yes

If so, please explain (use separate sheet if necessary) \_\_\_\_\_

Do you currently have a legal/valid license to operator a motor vehicle?  No  Yes

Type of CDL License (if applicable) \_\_\_\_\_

Has your license ever been suspended?  No  Yes

If yes, when and why? \_\_\_\_\_

Can you comply with our Workplace Non Smoking Policy?  No  Yes

Do you, or have you used illegal drugs?  No  Yes

If yes, explain \_\_\_\_\_

Has action ever been taken against any professional license/certification that you have held?  No  Yes

If yes, please explain: (use separate sheet if necessary) \_\_\_\_\_

Have you ever been disciplined in any way for alcohol and/or drug use on a job?  No  Yes

If yes, please explain: (use separate sheet if necessary) \_\_\_\_\_

Have you ever been discharged or asked to resign from any employment?  No  Yes

If yes, please explain: (use separate sheet if necessary) \_\_\_\_\_

**EDUCATION**

Name & Location of School	Course of Study	# Years Completed	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a veteran of service in the United States Armed Forces?  No  Yes

If so, were you honorably discharged?  No  Yes

From what Branch: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

List job-related training received in the US Military: \_\_\_\_\_

List specialized training, apprenticeship, and skills: \_\_\_\_\_

List professional, trade, business or civil activities/offices held: \_\_\_\_\_

Describe any specialized training, apprenticeships, licenses, or skills, which you believe should be considered in evaluating your qualifications for employment (It is not necessary to include information which indicates race, color, national origin or other protected status):

\_\_\_\_\_

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS**

Computer/Technical Skills (Check skills and level of proficiency):

Type	Name of Program	Years Used	Beginner	Intermediate	Advanced
Windows	_____	_____	_____	_____	_____
Spreadsheet	_____	_____	_____	_____	_____
Word Processing	_____	_____	_____	_____	_____
Data Entry	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Typing	_____ (WPM)	Telephone _____	_____ (# of Extensions)		

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

\_\_\_\_\_

**REFERENCES** Please list 3 Personal References and 3 Professional References

**PERSONAL**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROFESSIONAL**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT EXPERIENCE** Start with your present or last job, please explain gaps in any employment

**NOTE:** If you write see resume, be sure ALL requested information is there or your application may be denied. Specifically starting and ending wages, reason for leaving and may we contact employer.

**1. Employer Name and Address** \_\_\_\_\_

Job Title, Employment Dates (from and to) \_\_\_\_\_

Supervisor Name, Title and Telephone Number \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Wages: Starting and Ending \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**2. Employer Name and Address** \_\_\_\_\_

Job Title, Employment Dates (from and to) \_\_\_\_\_

Supervisor and Telephone Number \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Wages: Starting and Ending \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**3. Employer Name and Address** \_\_\_\_\_

Job Title, Employment Dates (from and to) \_\_\_\_\_

Supervisor and Telephone Number \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Wages: Starting and Ending \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**APPLICANTS STATEMENT** *Read Carefully Before Signing*

**I hereby** state the information I provided in this application and any supporting information i.e. my resume, is true and accurate to the best of my knowledge. I authorize verification of any or all of the information and any inquiries permissible by law to determine my suitability for employment.

**I hereby** understand and acknowledge that, should the Town of North Hero employ me I am entering an At-Will employment relationship and may resign or be terminated at any time with or without cause or reason and with or without prior notice. It is further understood 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 the North Hero Selectboard. Subject to the applicable provisions of the Town of North Hero Personnel Policies.

**In the event** of employment, I understand that false or misleading information given in this application and/or interview(s) may result in discharge. I understand I am required to abide by all rules and regulations of the Town of North Hero.

**I verify I have fully read this application to the best of my ability and have not left any questions and/or sections blank:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your application to:**

North Hero Town Clerk  
PO Box 38  
North Hero, VT 05474  
Telephone: 802-372-6926

**INTERVIEW PROCESS**

Once a sufficient number of applications have been received they will be reviewed to determine who will be interviewed. This process may take several weeks.

Should we contact you for an interview, please be aware that we follow a careful, team based approach to hiring. Our interview process usually consists of at least two interviews to give participants a real sense of our organization and what is required of them.

Once interviews are completed, we (and you) want to make sure we have determined who will be the best candidate to join our Team.

We will contact you if we are interested in your application. Please refrain from repeated phone calls to inquire as to the status of your application.

Thank you for your interest in the Town of North Hero.

**COMMERCIAL DRIVER’S LICENSE (CDL) APPLICANTS**

**If the position you are applying for requires a CDL and you receive an offer of employment, the offer will be contingent on passing a Drug and Alcohol Test before beginning employment.**

*Pursuant to Sec. 40.25 (j) of CFR 49 Part 40 - An employer covered by DOT drug and alcohol testing rules must ask a prospective employee who will be performing safety-sensitive functions for said employer whether or not he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by another employer to which the employee applied for, did not obtain, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, the employer **must not** use the employee to perform safety-sensitive functions until and unless the employee documents successful completion of the return-to-duty process (Refer to Sec. 40.25 (b) (5) and (e).*