

**TOWN OF ALBURGH  
1 NORTH MAIN STREET  
ALBURGH, VT 05440**

**Employment Application**

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	Date:
Street Address:			Apt/Unit#:
City:	State:	ZIPCODE:	
Home Phone:	Cell Phone:	E-mail Address:	
Date of Birth	Can you provide Proof of Age?	Position Applied For:	
Date Available:	Social Security No.:		
Do you have a CDL license?	How did you hear about the job?		
Are you a citizen of the United States?		If no, are you authorized to work in the United States?	
Have you ever worked for the Town of Alburgh?		If yes, when?	Reason for leaving?
Have you ever been convicted of a felony?		If yes, when and explain	
Can you lift 50 pounds?			
Can you bend repetitiously?	Are you willing to be cross-trained in other departments?		

Are there any reasons you might be unable to perform the functions of the job for which you have applied?  
If yes, explain:

Employment for Drivers is definitely subject to successfully completing and passing a pre-employment substance test. Other departments within the Town may also require substance testing. **Please sign to give your approval for testing:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYMENT HISTORY
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Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. NOTE: List employers in reverse order, starting with the most recent. Add more sheets if needed.

Company Name:	Phone Number:
Address:	Position Held:
Responsibilities :	From Date to Date:
Contact:	Ending Salary:
	Reason for Leaving:

Company Name:	Phone Number:
Address:	Position Held:
Responsibilities :	From Date to Date:
Contact:	Ending Salary:
	Reason for Leaving:

Company Name:	Phone Number:
Address:	Position Held:
Responsibilities :	From Date to Date:
Contact:	Ending Salary:
	Reason for Leaving:

**FILL OUT THIS PAGE ONLY IF APPLYING FOR A DRIVING POSITION**

**NOTE: Town of Alburgh will be requesting a Vermont DMV Record Request**

<b>Driving History</b>				
<b>List all traffic accidents:</b>				
<b>Dates</b>	<b>Nature of Accident (Head-On, Rear-End, Etc)</b>	<b>Fatalities (Yes or No)</b>	<b>Injuries (Yes or No)</b>	
Last Accident:				
Next Previous:				
Next Previous:				

(Attach sheet if more space is needed)

<b>List all traffic convictions and forfeitures for the past three (3) years (other than parking violations)</b>				
<b>Location</b>	<b>Date</b>	<b>Charge</b>	<b>Penalty</b>	
Last Accident:				
Next Previous:				
Next Previous:				

(Attach sheet if more space is needed)

<b>EXPERIENCE AND QUALIFICATIONS</b>				
<b>Driver's license information</b>				
<b>State</b>	<b>License Number</b>	<b>Type</b>	<b>Expiration Date</b>	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?				
Have you ever had any license, permit or privilege suspended or revoked?				
If you have answered yes to either question, please provide details:				
List states you have held a CDL license in the last 5 years:				
Show special courses or training that you have taken that will help you as a driver:				
Which safe driving awards do you hold and from whom?				
Show any trucking, transportation or other experience that may help in your work for this company:				
List special equipment or technical materials you can work with (other than those already shown):				

**EDUCATION HISTORY**Circle highest grade completed:  
1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Last School Attended:  
City/State:**REFERENCES***Please list three professional references*

Name:

Phone Number:

Address:

Relation:

Name:

Phone Number:

Address:

Relation:

Name:

Phone Number:

Address:

Relation:

**MILITARY SERVICE**

Branch:

From Date to Date:

Rank at Discharge

Type of Discharge:

If other than honorable, explain:

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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