## TOWN / VILLAGE OF WOODSTOCK P.O. BOX 488 WOODSTOCK, VT 05091

### APPLICATION FOR EMPLOYMENT

**DIRECTIONS:** Print or type all entries. An incomplete or illegible application may jeopardize your opportunity for employment. Eligibility to compete for positions is based on a review of your application. All information provided will be evaluated. Please be certain to complete all items as fully as possible.

Please be certain you have read all the information provided in this application and have read and signed the statement on the last page and the Release Authorization.

A. GENERAL INFORMATION			
Mr Mrs Miss Ms	First	Middle	Last
Address:			
Street/Mailing		Town	State Zip
Phone:		Social Security Number:	
Availability – Type of Employment:		Special Skills: Date Entry,	Police Training, EMT
Permanent Full Time		Training, Operate Heavy E	quipment:
Part Time			
Limited			
Seasonal	-		
Special Officer			
Please state position for which you are	applying:		
In the past, have you ever been arrested If yes, explain in Section E of this applied disqualification.		_	Yes ( ) No ( )
Do you have any medical condition whi arrangements?  If yes, explain in Section E of this applie		equire special testing or v	vork Yes() No()
Do you hold a valid driver's license?			Yes ( ) No ( ) CDL ( )
If yes, License number and issuing Stat	e:		

		ccounts (i.e. Facebook, i ia outlet and user name		Twitter) Yes ( ) No ( ) w.
B. EDUCATION	ON			
Please circle the	e highest level of	f education completed:		
Elementary – 6	5 7 8 High Sch	ool – 9 10 11 12 <b>Colle</b>	ege – 1 2 3 4 5 Grad	<b>l School</b> – 1 2 3 4
Professional Li	censes held:			
	chronological or ols, and high sch	`-	t) any colleges, univers	sities, technical, vocational
SCHOOL	ADDRESS	DATES ATTENDED	MAJOR/SUBJECTS	DIPLOMA/DEGREE (IF NONE, NO. OF CREDITS)
1.				
2				
3				

### C. EXPERIENCE

Describe on the following page all previous work experience, with present or most recent employment first. Be certain to include any self employment, service in the armed forces, substantial volunteer work, and periods of unemployment. If you held more than one job with the same employer, list each separately.

# 1. PRESENT OR MOST RECENT EMPLOYMENT

Name of firm:		Your Job Title:			
		Supervisor:			
Phone Number:	Email Address:				
Length of Employment: From: Month		Year	To: Month	Γo: Month Year	
May we contact this employer?	Reason for leaving:				
Summary of your duties and res	•				
2. NEXT MOST RECENT EN	MPLOYMENT				
Name of firm:		_ Your Job Title:			
Address:		Supervisor:			
Phone Number:		Email Address:			
Length of Employment:	From: Month	Year	To: Month	Year	
May we contact this employer?	Yes ( ) No ( )	Reason for leav	ving:		
Summary of your duties and res	sponsibilities:				
3. NEXT MOST RECENT EN					
Name of firm:		_ Your Job Title:			
Address:		Supervisor:			
Phone Number:		_ Email Address:			
Length of Employment:	From: Month	Year	To: Month	Year	
May we contact this employer?	Yes ( ) No ( )	Reason for leav	ving:		
Summary of your duties and res	sponsibilities:				

# D. PERSONAL REFERENCES:

Please give the names of three responsible persons, other than relatives or former employers, who know you well enough to give information about you.

Name	Address	Occupation	How Long Acquainted	Email Address	Phone Number
•					
	ONAL INFORM. ce below to comple		attach additional sheets		
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#### **CLASSIFIED SERVICE INFORMATION:**

An application may be submitted at any time. The information on it, and any attachments, such as a resume, is used to determine the applicant's eligibility to compete for any current or future vacancies.

An applicant must indicate interest in particular job titles as advertised. The examination may consist of a written test, a performance test, an oral panel evaluation, a rating of training and experience or a combination of two or more tests. A rating of training and experience examination score is based solely on the application and its attachments, and emphasizes the last ten calendar years.

The Town/Village may appoint any one of the candidates after interviews have been conducted, or may select a qualified Town/Village employee.

Special testing arrangements may be made, upon request, for disabled persons.

### **GENERAL INFORMATION:**

The Town/Village of Woodstock is an Equal Opportunity Employer. Discrimination because of age, sex, race, creed, national origin, or any other non merit factor is prohibited. Any applicant for employment who feels discriminated against in opportunity for employment shall have the right to appeal. Such appeals shall be submitted in writing to the Woodstock Select Board, 31 The Green, P.O. Box 488 Woodstock, VT 05091.

#### F. STATEMENT:

The following statement must be read and signed in order for your application to be considered:

I hereby certify that my application for and all attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name may be removed, and if already employed, I may be dismissed from service, and I may be disqualified from applying in the future for any position of the Town of Woodstock.

Applicant to be eligible for consideration must also sign a statement of "Release Authorization"

Signature of Applican	t	Date
	DO NOT WRITE BELOW THIS LI	NE
Interviewed By:	Date:	
REMARKS:		
TEST RESULTS:		
NEATNESS:	CHARACTER:	
PERSONALITY:	ABILITY:	
HIRED: DEPARTMENT:	POSITION WILL REPORT:	SALARY:
APPROVED:		
Department Head		Manager

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## **RELEASE AUTHORIZATION**

TO ALL COURTS, PROBATION DEPARTMENTS, S HOSPITALS, EMPLOYERS, EDUCATION AND OTH EXCEPTION.	
I,	_, am making application to the Town / Village of
Woodstock, Vermont. As a result, an investigation is bei	ng conducted to determine my eligibility. Therefore,
you are authorized to release to the Town / Village of W	oodstock or its representatives any and all
information, documentary or otherwise pertaining to me	that they may request. A photostatic of this
authorization will be considered as effective and valid as	the original.
Signature of Applicant	Date
Witness:	