

**TOWN OF STOWE, VT  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip                                      Telephone

\_\_\_\_\_  
Email Address

If an offer of employment is made, can you submit proof that you are     Yes     No  
legally permitted to work in the U.S.?  
*(Please note that if you are hired to work, you will be required to furnish valid documentation that you are  
legally entitled to work in the U.S. prior to employment.)*

Have you ever worked for this municipality before?                                       Yes     No

Do you have any relatives working for this municipality?                                       Yes     No

If so, name of relative: \_\_\_\_\_

**WORK PREFERENCE**

Type of work desired: \_\_\_\_\_

Expected salary: \_\_\_\_\_

Other positions for which you feel qualified: \_\_\_\_\_

Referral source:  Friend     Relative     Employment Agency     Other \_\_\_\_\_

**AVAILABILITY FOR WORK**

Date available for work \_\_\_\_\_     Full-time     Part-time     Temporary

Shifts or times you will work:  Day     Afternoon     Graveyard     Rotating     Weekends     Holidays

Will you work daily overtime if necessary?                                       Yes     No

Will you work extra days in the week if necessary?                                       Yes     No

**EDUCATION and TRAINING**

If this information is included on an attached resume, please disregard this section.

**High School**

Name of last high school: \_\_\_\_\_

Location: \_\_\_\_\_

Highest year completed: \_\_\_\_\_ GPA: \_\_\_\_\_

**College or University**

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

Location: \_\_\_\_\_

Years attended: \_\_\_\_\_ GPA: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

**Other (graduate, trade school, correspondence school, etc.)**

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

Location: \_\_\_\_\_

Years attended: \_\_\_\_\_ GPA: \_\_\_\_\_

**Do you have any Emergency Medical Service Training?**       Yes     No

**Do you have any Fire Training?**       Yes     No

**Are you willing to serve the Town of Stowe as a volunteer EMT or Firefighter?**     Yes     No

**EMPLOYMENT and U.S. MILITARY SERVICE RECORD**

Please complete this section even if you have attached a resume. Give a complete account of your full-time employment. Begin with your *present* or *most recent* positions and *work back*.

Employer's name and address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Main duties \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Employer's name and address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Main duties \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Employer name and address: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Employer name and address: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

Employer name and address: \_\_\_\_\_

Main Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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

How much advance notice do you need to give your present employer? \_\_\_\_\_

Will you give us written permission to contact your current employer?  Yes  No

Will you give us written permission to contact your former employers?  Yes  No

If you have ever been discharged or if you have ever resigned from any employment, please identify the employer and state the reasons for the discharge and/or resignation: \_\_\_\_\_

\_\_\_\_\_

Are you a veteran of the U.S. military service?

Yes

No

If so, Branch: \_\_\_\_\_

Dates: \_\_\_\_\_

Military training and experience relevant to job applied for: \_\_\_\_\_

\_\_\_\_\_

**Other Skills/Training.** Describe your skills, experience, certifications or other training that are relevant to the job sought (including membership in any trade organizations or professional societies).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a resume attached?  Yes  No

**CERTIFICATE OF APPLICANT** (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for immediate dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed hereon including this municipality to answer any and all questions, provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract for employment. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality. I agree to comply with all reasonable rules of the municipality as a condition of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Town of Stowe is an equal opportunity employer. It is the policy of this Municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status or other protected status under federal or state law.