

# Employment Application

Position applying for: \_\_\_\_\_

## Town of Underhill

Name: \_\_\_\_\_  
Last First Middle  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Alternate telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Are you willing to accept employment knowing that the Town of Underhill is an at-will employer? Yes No (circle one)

Are you able to perform the essential functions of the position with or without accommodations?

☐ Yes ☐ No

If necessary, for the job are you older than:

☐ 14 ☐ 15 ☐ 16 (Check one)

☐ 18 ☐ 19 ☐ 21

I am legally eligible for employment in the U.S.?

☐ Yes ☐ No

I am seeking a full-time position: Yes ☐ No ☐

I will be able to report to work on: \_\_/\_\_/\_\_\_\_

Work overtime?

☐ Yes ☐ No

Provide a valid VT Driver's License?

☐ Yes ☐ No

If so, fill out the following: Issuing state: \_\_\_\_\_

Type: \_\_\_\_\_

Endorsement(s):

☐ Hazardous Material ☐ Passengers

☐ Tankers ☐ Tank with Hazardous Materials

☐ School Bus ☐ Double/Triple trailers

Work the following shifts: (check all that apply)

☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating

List most recent employment first. Include summer or temporary jobs:

Employer name and address:	Position title/duties, skills:	Start	End
		Reason for leaving:	
Employer name and address:	Position title/duties, skills:	Start	End
		Reason for leaving:	
Employer name and address:	Position title/duties, skills:	Start	End
		Reason for leaving:	
Employer name and address:	Position title/duties, skills:	Start	End
		Reason for leaving:	

Summarize other employment related to this job:

	Institution Name	# of Years	Field of Study	Graduate/Degree
High school				
College/university				
Business/technical				
Additional				

Are you a veteran? ☐ Yes ☐ No If yes, Branch of Service: \_\_\_\_\_

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills:

List two personal references who are not relatives or former supervisors.

Name	Telephone	Occupation	Years known
Name	Telephone	Occupation	Years known

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

You will be required to: supply your birth certificate or other proof of authorization to work in the United States, may be required to have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Equal Employment Opportunity:** Employment discrimination based on ancestry, sexual orientation, gender identity, age, race, color, religion, sex, national origin, physical or mental condition, disability, political affiliation, or place of birth is prohibited. All eligible applicants or job-holders have equal opportunity in all areas of employment in the Town of Underhill.