

APPLICATION FOR EMPLOYMENT

TOWN OF MILTON, VT.

Save this form to your computer, then attach to email to ewells@town.milton.vt.us

The Town of Milton 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 Town Manager, 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 Milton 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 Milton Town Manager. Subject to applicable provisions of the Town of Milton Administrative Code or a Town of Milton Collective Bargaining Agreement.

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 Milton.

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:

Town Manager’s Office

43 Bombardier Road

Milton, VT 05468

Telephone: 802-893-6655 ~ Town Website: www.miltonvt.org

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 Milton.

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).*