



**TOWN OF DANVILLE**  
**PO BOX 183**  
**DANVILLE, VT 05828**  
**802-684-3352 – TOWN HALL**  
**802-684-3362 – HIGHWAY GARAGE**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

**Last**
**First**
**Middle**

Mailing address \_\_\_\_\_

**Number**
**Street**
**City**
**State**
**Zip**

Telephone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) applied for \_\_\_\_\_

Employment desired    FULL-TIME ONLY    PART-TIME ONLY

When are you available to start work? \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	DIPLOMA/ DEGREE	MAJOR & SPECIALIZATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: _____ Address: _____ City, State, Zip : _____ Phone number: _____	Name of Last Supervisor	Employment Dates	
		From	
		To	
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

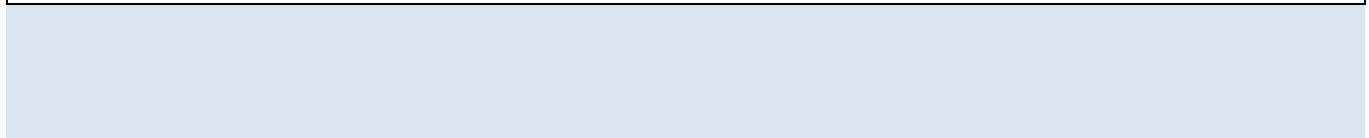
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	<b>To</b>		
<b>Your last job title</b>			
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			



Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid CDL? (Highway Positions Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Can you travel locally if the job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with the Town of Danville?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		
Do you have any friends or relatives employed by the Town of Danville?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their names and relationship to you. _____		

REFERENCES		
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.		
Name		Relationship to you
Company Name	Address	
Telephone	E-mail	Years acquainted
Name		Relationship to you
Company Name	Address	
Telephone	E-mail	Years acquainted
Name		Relationship to you
Company Name	Address	
Telephone	E-mail	Years acquainted

Signature \_\_\_\_\_

Date \_\_\_\_\_