

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

## **APPLICATION FOR EMPLOYMENT - HIGHWAY** PERSONAL INFORMATION Date \_\_\_\_\_ Name First Last Middle Mailing address \_\_\_\_ Street City State Zip Number Telephone (\_\_\_\_) E-mail\_\_\_\_ EMPLOYMENT DESIRED Position(s) applied for \_\_\_\_\_ Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ SEASONAL When are you available to start work? **EDUCATION** TYPE OF NAME OF SCHOOL & DIPLOMA/ MAJOR & **NUMBER OF SCHOOL** LOCATION **DEGREE SPECIALIZATION 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:	Name of Last Supervisor	<b>Employment Dates</b>	
City, State, Zip:		From	
Phone number:		То	
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or leathis company.	rned, advancements or	promotions while you worked at	
Name of Employer:Address:	Name of Last Supervisor	<b>Employment Dates</b>	
City, State, Zip:Phone number:		From	
I none number.		То	
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City, State, Zip:		From				
Phone number:		To				
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, this company.	skills used or learned, advancements or promot	tions while you worked at				
Name of Employer:Address:		<b>Employment Dates</b>				
City, State, Zip:		From				
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	Your last job title					
Reason for leaving (be specific)  List the jobs you held, duties performed, this company.	Your last job title	tions while you worked at				
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Are you currently employed?			□ No	
May we contact your present and		☐ Yes	- 110	
May we contact your present employer	?	☐ Yes	□ No	
Do you have a valid CDL? (Highway F	Positions Only)	☐ Yes	□ No	□ N/A
Can you travel locally if the job requires it?		☐ Yes	□ No	
Are you currently on "lay off" status and subject to recall?		☐ Yes	□ No	
Have you ever been employed with the Town of Danville?		☐ Yes	□ No	
If yes, when?				
Do you have any friends or relatives employed by the Town of Danville?		☐ Yes	□ No	
If yes, please provide their names and r	relationship to you.			-
REFERENCES  Please list below three persons not relate qualifications within the last 5 years.	ted to you who have knowledge of you	· work performa	nce and/o	r personal
Name		Relationshi	ip to you	
Company Name	Address			
Telephone	E-mail	Years acquainted		
Name		Relationshi	ip to you	
		Relationshi	ip to you	
Name Company Name	Address	Relationshi	ip to you	
	Address E-mail	Relationshi Years acqu		
Company Name			ainted	
Company Name Telephone		Years acqu	ainted	