



TOWN OF WESTMINSTER
 P.O. BOX 147 WESTMINSTER, VT 05158
 Tel. 802-722-4255 Fax 802-722-9816
 westmin@sover.net

APPLICATION FOR EMPLOYMENT

-Please read carefully and complete all the information requested by printing in ink or typing.-

Position Applied For: _____

Last name _____ First _____ MI _____ Date of Application _____

Mailing address _____ Social Security No. _____

City _____ State _____ ZIP _____ Home telephone _____ Work telephone _____

Date available for work: _____ Full time _____ Part time _____ Temporary _____

Are you presently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

How much advance notice do you wish to give your present employer? _____

May we contact your present employer? Yes No

Have you worked for Westminster before? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: _____

Educational History							
School Name	Location (city, state)	Major Course or subject	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/trade School							
College							
Other Education/Training							
Special Skills and Qualifications:							

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet.

1. Company:	Type of Business:	Job Title:
Street Address:	Phone:	Brief Description of Job Duties:
City:	State: ZIP	
Supervisor's Name:	Phone:	Reason for Leaving
Base Salary:	Dates Worked: From To	
2. Company:	Type of Business:	Job Title:
Street Address:	Phone:	Brief Description of Job Duties:
City:	State: ZIP	
Supervisor's Name:	Phone:	Reason for Leaving
Base Salary:	Dates Worked: From To	
3. Company:	Type of Business:	Job Title:
Street Address:	Phone:	Brief Description of Job Duties:
City:	State: ZIP	
Supervisor's Name:	Phone:	Reason for Leaving
Base Salary:	Dates Worked: From To	
4. Company:	Type of Business:	Job Title:
Street Address:	Phone:	Brief Description of Job Duties:
City:	State: ZIP	
Supervisor's Name:	Phone:	Reason for Leaving
Base Salary:	Dates Worked: From To	

Professional memberships, certificates, licenses or memberships held

References (List three references who are not related to you who have knowledge of your qualifications for the position for which you are applying.)

Name	Title/relationship	Address	Phone no.	Occupation
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I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am hired and that after I am hired it is discovered that I provided false or misleading information on this application then I may be discharged.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I understand that this application is considered active for 45 days after application. If I wish to seek employment after that time I will need to complete a new application.

I understand that employment with Westminster is governed by federal and state laws, and by the conditions set forth in the town's personnel policy.

I understand that if I am hired I will be required to abide by the rules set forth by the town.

Signature of Applicant

Date