***City of Rutland, Vermont***

*APPLICATION FOR EMPLOYMENT*

*AN EQUAL OPPORTUNITY EMPLOYER*



Name:

Department:

Date: Click here to enter a date.



The City of Rutland, Vermont requests that all applicants voluntarily provide the following information. This information will be available only to authorized personnel for research and evaluation purposes. The information needed to document the hiring practices of the City of

Rutland, Vermont and (except for the last section) to access the effectiveness of its equal opportunity commitment. Your cooperation is essential and appreciated. This section will be removed from your application prior to review and destroyed after data compilation.

A. What is your sex? - Female Male

B. Date of Birth:   /  /

C. How do you describe yourself?

BLACK: (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.

HISPANIC: Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.

WHITE: (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

D. Do you have a disability? - Yes No

A disabled individual is any person who (1) has a disability which substantially limits one or more major life activities, (2) have a record of such impairment, or (3) is regarded as having such impairment.

E. How did you learn about this employment opportunity?

Vermont Job Service  A City Employee

Other City Office  School Placement Office

Newspaper Ad  Job Fair

Professional Magazine/Journal  Other (specify)

A Friend or Relative

|  |  |  |  |  |  |  |  |
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| **PERSONAL** | **POSITION** **APPLIED FOR:** | | | | | | |
| **NAME** | Last: | | | First: | | Initial: |
| **ADDRESS** | | Street: | | | | |
| City: | | State: | Zip: | |
| **SOCIAL SECURITY NO**.:    -  - | | | | | | |
| **TELEPHONE NO.:** (   )   - | | | | | | |
| **EMAIL ADDRESS:** | | | | | | |
| **IN CASE OF EMERGENCY, NOTIFY** | | | Name: | | | |
| Address: | | | |
| Phone: (   )   - | | | |

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| **SCHOOLS** | **NAME OF SCHOOL** | | **DATE ATTENDED**  Month/Year | | **GRADE COMPLETED** | **COURSE OR MAJOR SUBJECT** |
| **From** | **To** |
| Grade School: |  | / | / |  |  |
| High School: |  | / | / |  |  |
| Business or Trade School: |  | / | / |  |  |
| College or University: |  | / | / |  |  |

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| **MISCELLANEOUS TRAINING** | **OFFICE MACHINES OPERATED**  (Fill out if applying for office work) |  | **OTHER MACHINES OR EQUIPMENT OPERATED** |
|  |  |
|  |  |
| SHORTHAND SPEED     WPM  TYPING SPEED     WPM |  |
|  | | |
| **DESCRIBE ANY OTHER SPECIAL SKILLS WHICE ARE IN ANY WAY RELATED TO THE KIND OF WORK YOU WANT TO DO:** | | |
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| **1.** | **Name of PRESENT or LAST employer:** | | | | | |
| **Business:** | | | | **Job Title:** | |
| **Address:** | Street: | | | | |
| City: | | State: | | Zip: |
| **Starting Date (**Month/Year)**:**   / | | **Wages** | **Reason for leaving** | | **May we contact?** |
| **Leaving Date (**Month/Year)**:**   / | |
| **Name of Supervisor:** | | | **Supervisor’s Job Title:** | | |
| **Description of Work and Responsibilities**: | | | | | |

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| **2.** | **Name of PRESENT or LAST employer:** | | | | | |
| **Business:** | | | | **Job Title:** | |
| **Address:** | Street: | | | | |
| City: | | State: | | Zip: |
| **Starting Date (**Month/Year)**:**   / | | **Wages** | **Reason for leaving** | | **May we contact?** |
| **Leaving Date (**Month/Year)**:**   / | |
| **Name of Supervisor:** | | | **Supervisor’s Job Title:** | | |
| **Description of Work and Responsibilities**: | | | | | |

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| **3.** | **Name of PRESENT or LAST employer:** | | | | | |
| **Business:** | | | | **Job Title:** | |
| **Address:** | Street: | | | | |
| City: | | State: | | Zip: |
| **Starting Date (**Month/Year)**:**   / | | **Wages** | **Reason for leaving** | | **May we contact?** |
| **Leaving Date (**Month/Year)**:**   / | |
| **Name of Supervisor:** | | | **Supervisor’s Job Title:** | | |
| **Description of Work and Responsibilities**: | | | | | |

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| **MILITARY** | **Branch of Service:** | | **From:** | **To:** |
| **Type of Discharge:** | **Major Duties:** | | |
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|  | | | |
| **Service Schools Attended:** | | | |
| **Present Military Obligations (Reserves):** | | | |

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| **REFERENCES** | **Personal References (Not former Employers or Relatives)** | | |
| Name and Occupation | Address | Phone |
| 1. |  | (   )-   - |
| 2. |  | (   )-   - |
| 3. |  | (   )-   - |
| 4. |  | (   )-   - |

Have you ever been convicted of any crime?  Yes  No

(If answer is yes, please explain on separate sheet)

If you are applying for a job that may involve driving a municipal vehicle please answer the following:

Do you possess a valid VT Driver’s License?  Yes  No License Number:

Please check license type:  Operators

CDL

Expiration Date:   /  /

Signature of Applicant

If you wish to give additional information, use space below:

DO NOT WRITE IN THIS SPACE

**FOR INTERVIEWER’S USE**

|  |  |  |
| --- | --- | --- |
| **INTERVIEWER** | **DATE** | **COMMENTS** |
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| **TESTS ADMINISTERED** | **DATE** | **RAW SCORE** | **RATING** | **COMMENTS AND INTERPRETATIONS** |
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| **\*POSITION NUMBER** | **RESULTS OF REFERENCE CHECK** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |

**\*See page 6**

**Updated 3/15**