



**APPLICATION FOR EMPLOYMENT**

**TOWN OF BRADFORD**

172 North Main Street

P.O. Box 339

Bradford, Vermont 05033

Phone: (802) 222- 4727

Fax: (802) 222-3520

The Town of Bradford considers qualified applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, or a non-job-related handicap.

Position Applying for: \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a criminal offense? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**EDUCATION:**

Name & Address of School	Degree/Diploma	Graduation Date

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Skills and Qualifications: (Licenses, Skills, Training, Awards)

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**EMPLOYMENT HISTORY:** (Start with Present or Last Position)

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have a valid Vermont Drivers' License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Commercial Drivers License with proper endorsements? \_\_\_\_\_

Please list any physical conditions that you may have that may affect your performance in the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List three people not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Address	Phone	Relationship

The above information is true and complete to the best of my knowledge. The Town of Bradford may investigate any of the above information. I understand that if employed, any false or misleading information found on this application may lead to my discharge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date