



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

Note: If the Town asks for an application for a specific position, please fill this out.  
A resume may be included but does not replace this application.

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS (if different) \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  Yes  No

ARE YOU 18 YEARS OR OLDER?  Yes  No

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW?  Yes  No IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  Yes  No

APPLIED TO BARRE TOWN BEFORE?  Yes  No FOR WHAT POSITION? \_\_\_\_\_ WHEN? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS OPENING? \_\_\_\_\_

EDUCATION	NAME AND TOWN/STATE OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No If No, GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**FORMER EMPLOYERS** (LIST BELOW UP TO LAST FIVE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

WHICH OF THESE, OR OTHER, JOBS DID YOU LIKE BEST? WHY?

WHAT OF THESE, OR OTHER, JOBS DID YOU LIKE LEAST? WHY?

**REFERENCES**

GIVE THE NAMES AND CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE NO.	BUSINESS NAME (IF EMPLOYER)	YEARS ACQUAINTED
1					
2					
3					

**CERTIFICATION**

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

"I UNDERSTAND THAT ONLY THE TOWN MANAGER HAS THE AUTHORITY TO MAKE AN OFFER OF EMPLOYMENT."

DATE

SIGNATURE

**RETURN COMPLETED APPLICATION TO:**

TOWN MANAGER'S OFFICE  
 PO BOX 116  
 149 WEBSTERVILLE RD  
 WEBSTERVILLE VT 05678  
[OFFICES@BARRETOWN.ORG](mailto:OFFICES@BARRETOWN.ORG)