



Corporate Headquarters
 795 Marshall Avenue
 PO Box 1099
 Williston, VT 05495
 802-658-1700
 802-862-6076 fax

Southern New England Branch
 183 Southwest Cutoff
 (Route 20)
 Worcester, MA 01604
 508-756-1757
 508-795-1759 fax

Central New York Branch
 751 County Route 37
 Central Square, NY 13036
 315-676-2008
 315-676-2422 fax

APPLICATION FOR EMPLOYMENT WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

 Position(s) Applied For Date of Application

How Did You Learn About Us?

- Advertisement Friend Walk-In
 Employment Agency Relative Other _____

 Last Name First Name Middle Name

 Address City State Zip Code

 Telephone Number(s) Social Security Number

/ / /

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

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

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EMPLOYMENT EXPERIENCE

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Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed	Work Performed
_____	From _____ To _____	_____
Address _____		_____
Phone _____	Hourly Rate/Salary	
	Start _____ Final _____	
Job Title _____	Supervisor _____	
Reason for Leaving _____		

Employer	Dates Employed	Work Performed
_____	From _____ To _____	_____
Address _____		_____
Phone _____	Hourly Rate/Salary	
	Start _____ Final _____	
Job Title _____	Supervisor _____	
Reason for Leaving _____		

Employer	Dates Employed	Work Performed
_____	From _____ To _____	_____
Address _____		_____
Phone _____	Hourly Rate/Salary	
	Start _____ Final _____	
Job Title _____	Supervisor _____	
Reason for Leaving _____		

Employer	Dates Employed	Work Performed
	From _____ To _____	
Address _____		
Phone _____	Hourly Rate/Salary	
	Start _____ Final _____	
Job Title _____	Supervisor _____	
Reason for Leaving _____		

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION



	Elementary School					High School				Undergraduate College/Univ.				Graduate/Professional							
School Name & Location	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Years Completed (Please Circle)	/	4	5	6	7	8	/	9	10	11	12	/	1	2	3	4	/	1	2	3	4
Diploma	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Describe Course of study	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Describe any specialized training, apprenticeship, skills and extra curricular activities	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Describe any honors you have received	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Any additional information you feel may be helpful to us in considering your application	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE																					
	/	FLUENT				/	GOOD				/	FAIR									
SPEAK	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
READ	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
WRITE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude memberships which would reveal sex, race religion, national origin, age, ancestry or handicap or other protected status.

REFERENCES

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GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

- 1. _____
- 2. _____
- 3. _____

OTHER

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HAVE YOU EVER HAD ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY?

- YES NO

If yes, please describe _____

ARE YOU PHYSICALLY OR OTHERWISE UNABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

- YES NO

APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

=====

FOR PERSONNEL DEPARTMENT ONLY

ARRANGE INTERVIEW YES NO

REMARKS _____

EMPLOYED YES NO DATE OF EMPLOYMENT _____

Interviewer

Date

JOB TITLE _____ HOURLY RATE/SALARY _____

DEPARTMENT _____ BY: _____

Name and Title

DATE:

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

POSITION(S) APPLIED FOR IS OPEN: YES NO

POSITION(S) CONSIDERED FOR: _____

DATE _____

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