

CHITTENDEN SOLID WASTE DISTRICT



Comprehensive Waste Management

1021 Redmond Road, Williston, VT 05495-7729

Phone 872-8100 fax 878-5787

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR
NAME
ADDRESS
TELEPHONE NUMBER:
IN CASE OF EMERGENCY, NOTIFY

NAME OF SCHOOL	DATE ATTENDED		GRADE COMPLETED	COURSE OR MAJOR SUBJECT
	FROM	TO		
Grade School:				
High School:				
Business or Trade School:				
College or University:				

OFFICE MACHINES OPERATED (Fill out if applying for office work)	
SHORTHAND SPEED	WPM
TYPING SPEED	WPM

OTHER MACHINES OR EQUIPMENT OPERATED

DESCRIBE ANY OTHER SPECIAL SKILLS WHICH ARE IN ANY WAY RELATED TO THE KIND OF WORK YOU WANT TO DO:

WORK EXPERIENCE

Name of PRESENT or LAST employer:		Business:		Address:		
Starting Date		Leaving Date		Wages	Reason for leaving	May We Contact?
Month	Year	Month	Year			
Job Title:		Name of Supervisor:			Supervisor's Job Title:	
Description of Work and Responsibilities:						

Name of NEXT PREVIOUS employer		Business:		Address:		
Starting Date		Leaving Date		Wages	Reason for leaving	May We Contact?
Month	Year	Month	Year			
Job Title:		Name of Supervisor:			Supervisor's Job Title:	
Description of Work and Responsibilities:						

Name of NEXT PREVIOUS employer:		Business:		Address:		
Starting Date		Leaving Date		Wages	Reason for leaving	May We Contact?
Month	Year	Month	Year			
Job Title:		Name of Supervisor:			Supervisor's Job Title:	
Description of Work and Responsibilities:						

MILITARY

Branch of Service	From:	To:
Type of Discharge	Major Duties	
Service Schools Attended		
Present Military Obligation (Reserves)		

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 the answer is yes, please explain on separate sheet of paper.)

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 #:

Please check License Type: Operators CDL

Expiration Date:

(Read carefully before signing)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for subsequent dismissal.

Signature of Applicant:

Date:

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