



42 Wescom Road  
Johnson, VT 05656-9717

Toll Free: 1-800-832-2667  
Telephone: 802-635-2331  
Fax: 802-635-7645

~Committed to our Members~

[www.vermontelectric.coop](http://www.vermontelectric.coop)

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### Please Print

Position(s) Applied For	Date of Application	Applicant Status
		<input type="checkbox"/> New <input type="checkbox"/> Internal

Last Name	First Name	Middle Name

Address	Street	City	State	Zip Code

Telephone Number(s)	E-Mail Address

How did you learn about us?

--

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

Have you been convicted of a crime within the last 7 years?  YES  NO If yes, please explain. \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



## EMPLOYMENT EXPERIENCE

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, sexual orientation, national origin, disabilities or other protected status.

1. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	
Reason for Leaving:		

2. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	
Reason for Leaving:		

3. Employer:	Dates Employed – From:	To:
Address:		
Job Title:	Telephone Numbers:	
Describe Job Duties:		
Supervisor	Hourly Rate – Starting:	Final:
May we contact? <input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	
Reason for Leaving:		

If you need additional space, please continue on a separate piece of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, sexual orientation, age ancestry, disability or other protected status:


## **ADDITIONAL INFORMATION**

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.  
(I.E. computer proficiency/specific skills.)


State any other information you feel may be helpful to us in considering your application.


## **WORK RELATED REFERENCES**

(Different from those listed on previous page)

- |                        |                         |
|------------------------|-------------------------|
| <b>1. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
| <br>                   |                         |
| <b>2. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
| <br>                   |                         |
| <b>3. NAME/ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
| <br>                   |                         |

## **APPLICANT'S STATEMENT**

I certify that the 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 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 180 days. Any applicant wishing to be considered for employment beyond this 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 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 case of employment, I understand that false or misleading information given in my application or interviews 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 HUMAN RESOURCE DEPARTMENT USE ONLY**

ARRANGE INTERVIEW  YES  NO

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER(S) \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED  YES  NO

DATE OF HIRE \_\_\_\_\_  
JOB TITLE \_\_\_\_\_

BY \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTES**

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