



Vermont Electric Cooperative (VEC)

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Telephone: 802-635-2331
HR Fax: 802-635-4201

APPLICATION FOR EMPLOYMENT

VEC is an Equal Opportunity Employer including Vets and Disabled.

Please Print

Position(s) Applied For Date of Application

Name

Address City State Zip Code

Phone Number(s) E-Mail Address

How did you learn about us?

1. Have you ever been employed with us before? _____ If yes, give date: _____
2. Are you currently employed? _____ If yes, may we contact your present employer? _____
3. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____

Proof of citizenship or immigration status will be required upon employment

4. On what date would you be available for work? _____

5. What are you available to work (check all that apply)?

- Full Time
- Part Time
- Shift Work
- Temporary

We are an Affirmative Action Plan Employer

EDUCATION

High School

Name of School

Degree or Diploma Received

Undergraduate College

Name of School

Major

Years Completed

Degree Received

Graduate College

Name of School

Major

Years Completed

Degree Received

Other

Name of School

Major

Years Completed

Degree Received

Describe any specialized training, apprenticeships or skills.

Do you have a valid driver's license? _____

Do you have a Commercial Driver's License (CDL)? _____

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:		
Describe Job Duties:		
Supervisor:	Telephone Number:	
May we contact?		
Reason for leaving:		

2. Employer:	Dates Employed From:	To:
Address:		
Job Title:		
Describe Job Duties:		
Supervisor:	Telephone Number:	
May we contact?		
Reason for leaving:		

3. Employer:	Dates Employed From:	To:
Address:		
Job Title:		
Describe Job Duties:		
Supervisor:	Telephone Number:	
May we contact?		
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:

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ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

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

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

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WORK RELATED REFERENCES

(Different from those listed on previous page)

1. Reference Name:
Address:
Phone Number:
Email Address:
Description of reference working relationship:

2. Reference Name:
Address:
Phone Number:
Email Address:
Description of reference working relationship:

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
