

Name

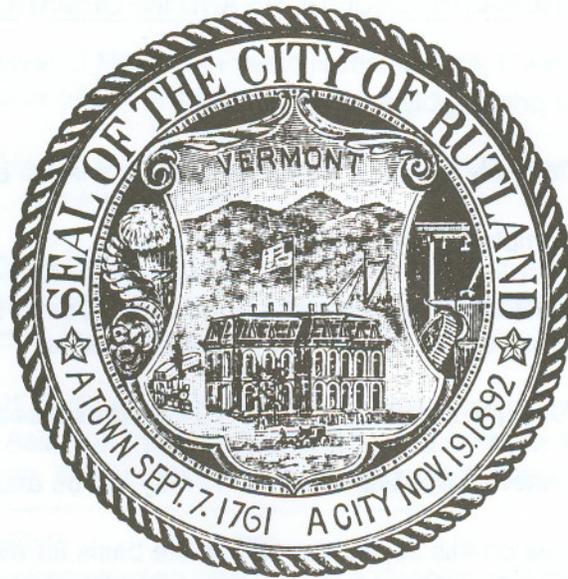
City of Rutland, Vermont

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Department

Date





CITY OF RUTLAND
VERMONT 05701

**EMPLOYMENT
APPLICATION**

**AN EQUAL OPPORTUNITY
EMPLOYER**

The City of Rutland, Vermont is an Equal Opportunity Employer. Discrimination based on age, sex, race, color, creed, national origin, disabling condition or any other nonmerit factor is prohibited.

**THIS APPLICATION FORM MUST BE USED TO APPLY FOR JOBS WITH THE
CITY OF RUTLAND, VERMONT.**

PLEASE USE THE FOLLOWING INSTRUCTIONS

GENERAL INSTRUCTIONS AND INFORMATION

- Type all information or print legibly in ink.
- Complete all items that apply to you. Incomplete applications will be returned.
- Keep a copy of your completed application for later use.
- Resumes may be attached only for additional information. Do not submit work samples, letters of recommendation or other material with the application.
- Sign the application. Unsigned applications will NOT be processed.
- Applications received after an application deadline may not be accepted.
- The information you give on this application will be the basis for evaluating your training and experience. It is also a primary source of information for managers making hiring decisions. Do not disqualify yourself because you have not carefully prepared your application.



CITY OF RUTLAND
VERMONT 05701

**VOLUNTARY
APPLICANT SURVEY**

The City of Rutland, Vermont requests that all applicants voluntarily provide the following information. This information will be available only to authorized personnel for research and evaluation purposes. The information needed to document the hiring practices of the City of Rutland, Vermont and (except for the last section) to access the effectiveness of its equal opportunity commitment. Your cooperation is essential and appreciated. This section will be removed from your application prior to review and destroyed after data compilation.

A. What is your sex? ___ female ___ male

B. Date of Birth: Month _____ Day _____ Year _____

C. How do you describe yourself.

___ **BLACK:** (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.

___ **HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.

___ **WHITE:** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

___ **ASIAN OR PACIFIC ISLANDER:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

D. Do you have a disability? ___ Yes ___ No

A disabled individual is any person who (1) has a disability which substantially limits one or more major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

E. How did you learn about this employment opportunity?

___ Vermont Job Service

___ A City Employee

___ Other City Office

___ School Placement Office

___ Newspaper Ad

___ Job Fair

___ Professional Magazine/Journal

___ Other (specify) _____

___ A Friend or Relative

PERSONAL

POSITION APPLIED FOR _____

NAME _____
Last First Initial

ADDRESS _____
Street City State Zip

SOCIAL SECURITY NO. _____

TELEPHONE NO. _____

IN CASE IF EMERGENCY, NOTIFY _____
Name Address Phone

SCHOOLS

NAME OF SCHOOL	DATE ATTENDED		GRADE COMPLETED	COURSE OR MAJOR SUBJECT
	From	To		
Grade School				
High School				
Business or Trade School				
College or University				

MISCELLANEOUS TRAINING

OFFICE MACHINES OPERATED
 (Fill out if applying for office work)

SHORTHAND SPEED _____ W P M
 TYPING SPEED _____ W P M

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

1.

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:							

2.

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:							

3.

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:							

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 answer is yes, please explain on separate sheet.)

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 Number _____

Please check License type: Operators
 CDL

Expiration Date: _____

Signature of Applicant _____

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

**DO NOT WRITE IN THIS SPACE
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATIONS

REFERENCE CHECK

*POSITION NUMBER	RESULTS OF REFERENCE CHECK
1	
2	
3	
4	

*See page 6