



CITY OF RUTLAND, VERMONT EMPLOYMENT APPLICATION

The City of Rutland is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, religion, color, sex, religion, national origin, place of birth, marital status, ancestry, citizenship, veteran status, HIV status, pregnancy, genetic information, sexual orientation or preference, gender identity, disability, or any other category protected by state or federal law.

Name:	
Position Applied for:	

Date of Application:			
	Month (MM)	Day (DD)	Year (YYYY)

52 Washington St. * P.O. Box 969* Rutland * VT * 05702

TEL: 802-773-1800 * FAX: 802-773-1802

www.rutlandcity.org

PERSONAL

Last Name		First	Initial
Address		Home Telephone # () -	
Email Address		Cell # () -	
Position Applied For	How did you hear about job opening?		Salary Desired
Have you ever interviewed with the City of Rutland before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) and job title(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

Check Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4 5 6

School Name	City, State, Country	Major Studies	Degree, Diploma, License or Certificate
High School:			
College/University:			
Vocational, Business, Other:			
List Any Professional Designations:			
Other Special Knowledge, Skills or Qualifications:			
Computer Skills (Hardware/Software):			

EMPLOYMENT HISTORY

List all past employment, starting with the most recent position. All information must be completed. You may also attach a resume as a supplement to this form, not as a replacement for completion of this form.

Employed From / / /	Employer Name	Starting Salary
Employed Until / /	City, State, Zip	Ending Salary
Supervisor:		Contact Telephone Number:
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / / /	Employer Name	Starting Salary
Employed Until / /	City, State, Zip	Ending Salary
Supervisor:		Contact Telephone Number:
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / / /	Employer Name	Starting Salary
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Supervisor:		Contact Telephone Number:
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

References

Provide 3 business references that we may contact

Name	Relationship	Contact Info (address, phone, email)	Years known

GENERAL

CERTIFICATION & AUTHORIZATION

Yes

No

May we contact your current employer for references?

If No, please indicate which employers are not to be contacted and the reason why.

If hired, will you be able to work overtime?

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? (Ask to see job description if one is not provided.)

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.



I authorize the Company to professional and past needed to research my hereby give my consent to any employment-related Company and will hold the

harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I also understand that criminal background and credit reports may be conducted in the course of the post offer, pre-employment process, and I will be required to give authorization for such reports.

inquire into my educational, employment history references as qualifications for this position. I former employer to provide information about me to the Company and my former employer

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

EQUAL OPPORTUNITY VOLUNTARY APPLICANT SELF IDENTIFICATION FORM

City of Rutland is an Equal Opportunity Employer. As required by law, we must record certain information. Applicants are invited to participate by reporting their race, gender and disability status. In extending this invitation you are also advised that:

- you are under no obligation to respond, but may do so in the future if you choose;
- responses will remain confidential within the Human Resources Department;
- responses will be used only for the necessary data required for our Equal Opportunity Reporting.

We value diversity. Your cooperation is essential and appreciated however refusal to provide this information will have no bearing on your applicant status and will not subject you to any adverse treatment.

1. Race *Please check one:*

- White** – A person having origins in any of the original peoples of Europe, North America and the Middle East.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – All persons of Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture or origin regardless of race.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian / Alaskan Native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

2. Gender *Please check one:*

Male Female

3. Disability Status *Please check one:*

Do you have a disability?

Yes No

Individual with a Disability: A person who 1) has a physical or mental impairment that substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such impairment.

Signature: _____

Print Name: _____

Date: _____