



PO Box 6015 Rutland, VT 05702

EMPLOYMENT APPLICATION

PERSONAL

IF HANDWRITTEN, PLEASE PRINT CAREFULLY

Date

First Name:	Middle:	Last:
Street Address:	City/State/Zip:	
Home Phone:		Cell Phone:
Email Address:		
If hired, do you have means of reliable transportation to get to work: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum Salary Expected: \$		
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of U.S. citizenship or immigration status will be required upon employment.)</i>		

EMPLOYMENT DATA

Are you seeking: <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Internship			
Are you available to work overtime?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What position(s) are you applying for?			
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If currently employed, when would you be available to start?			
Where did you hear about this position?			
<input type="checkbox"/>	RRWIB Website	<input type="checkbox"/>	RRWIB Member Provide Member Name:
<input type="checkbox"/>	Job Posting	<input type="checkbox"/>	Department of Labor
<input type="checkbox"/>	College	<input type="checkbox"/>	Newspaper
<input type="checkbox"/>		<input type="checkbox"/>	Job Service
<input type="checkbox"/>		<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Publication

Applications will be kept active for sixty (60) days. You may keep your application active for an additional sixty (60) days by a signed written request.

EDUCATION

	Name and Address	# of Years Attended	Graduate Yes/No	Major Course and Degree
High School				
College				
Graduate School				
Certifications:				
Other training or skills:				

MILITARY SERVICE

Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates of service: From _____ To _____	
List any special skills or training:	

REFERENCES

Name:	Phone #'s:
How do you know this person?	
Name:	Phone #'s:
How do you know this person?	
Name:	Phone #'s:
How do you know this person?	

List three persons who are not relatives, employers or otherwise mentioned in this application.

PLEASE COMPLETE ALL ITEMS, EVEN IF YOU ALREADY PROVIDED US WITH A RESUME

WORK HISTORY

Please list your last 3 employers, starting with the most recent.

Employer:	Dates Employed:	
Telephone #:	From:	To:
Address:	Supervisor:	
Title/Position:	Starting Wage:	
Duties:	Ending Wage:	
Reason for Leaving:		
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed:	
Telephone #:	From:	To:
Address:	Supervisor:	
Title/Position:	Starting Wage:	
Duties:	Ending Wage:	
Reason for Leaving:		
Employer:	Dates Employed:	
Telephone #:	From:	To:
Address:	Supervisor:	
Title/Position:	Starting Wage:	
Duties:	Ending Wage:	
Reason for Leaving:		

***Please read the following paragraphs and initial before you sign this application. Your initials and signature constitutes your agreement thereto in return for the consideration of your application.**

I AUTHORIZE the Rutland Region Workforce Investment Board (the "ORGANIZATION") TO VERIFY ALL STATEMENTS CONTAINED ON THIS APPLICATION. I ALSO AUTHORIZE THE ORGANIZATION TO CONTACT MY PRESENT EMPLOYER, PAST EMPLOYERS, REFERENCES, SCHOOLS AND ORGANIZATIONS. I AUTHORIZE ANY PERSON, SCHOOL, EMPLOYER, OR ORGANIZATION TO PROVIDE THE ORGANIZATION WITH INFORMATION AND OPINION AND RELEASE THE ORGANIZATION AND ALL SUCH SOURCES FROM ANY LIABILITY ARISING FROM THE SOLICITATION OR USE OF THE INFORMATION.

INITIALS: _____

BY MY SIGNATURE AND INITIALS BELOW, I STATE THAT THE INFORMATION PROVIDED ON THIS EMPLOYMENT APPLICATION AND ON MY RÉSUMÉ, IF ANY, IS TRUE AND COMPLETE AND THAT THERE IS NO INFORMATION WHICH I HAVE OMITTED OR FAILED TO INCLUDE.

INITIALS: _____

I AGREE THAT ANY FALSE INFORMATION OR OMISSIONS, INTENTIONAL OR UNINTENTIONAL, ON THIS EMPLOYMENT APPLICATION WILL DISQUALIFY ME FROM CONSIDERATION FROM EMPLOYMENT AND, IF EMPLOYED, MAY RESULT IN IMMEDIATE DISCHARGE.

INITIALS: _____

I UNDERSTAND THAT THIS EMPLOYMENT APPLICATION AND ANY OTHER DOCUMENTS OF THE ORGANIZATION ARE NOT CONTRACTS OF EMPLOYMENT. MY EMPLOYMENT AT THE COMPANY WILL BE AT-WILL. I UNDERSTAND THAT I CAN BE DISCHARGED BY THE ORGANIZATION AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT PRIOR NOTICE OR WARNING, AND NO REPRESENTATIVE OF THE ORGANIZATION HAS THE AUTHORITY TO OFFER OR TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

INITIALS: _____

Date

Signature

**The Rutland Region Workforce Investment Board
is an Equal Opportunity Employer and Veteran Friendly.**