

# TOWN OF HYDE PARK

PO Box 98 / 344 VT 15 West, Hyde Park, VT 05655  
(802)888-2300

## Employment Application

### An Equal Opportunity Employer

The Town of Hyde Park is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

### Applicant Information

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Other \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address:

Number and street \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_

### Employment Positions

Position(s) applying for: \_\_\_\_\_

### Are you applying for:

- Temporary work – such as summer or holiday work?  Y or  N
- Regular part-time work?  Y or  N
- Regular full-time work?  Y or  N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available?  
\_\_\_\_\_

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work on the weekends?  Y or  N

Can you work evenings?  Y or  N

Are you available to work overtime?  Y or  N

Salary desired: \$ \_\_\_\_\_

**Personal Information:**

Have you ever applied to / worked for the Town of Hyde Park before? [ ] Y or [ ] N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for the Town of Hyde Park? [ ] Y or [ ] N

If yes, state name & relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ] Y or [ ] N

If hired, would you be able to present evidence that you legally can work in the United States? [ ] Y or [ ] N

If hired, are you willing to submit to and pass a controlled substance test? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ] Y or [ ] N If no, describe the functions that cannot be performed:

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

*(Note: The Town of Hyde Park complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

[ ] Y or [ ] N If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**EMPLOYMENT**

Please complete this section even if you have attached a resume. Give a complete account of your employment history including times you may have been unemployed. Begin with your *present* or *most recent* positions and *work back*.

1. Employer's name and address: \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Main duties: \_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact this employer? [ ] Y or [ ] N

2. Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact this employer? [ ] Y or [ ] N

3. Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact this employer? [ ] Y or [ ] N

4. Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Main duties: \_\_\_\_\_  
\_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
May we contact this employer? [ ] Y or [ ] N

(NOTE: Please use additional sheets, if necessary.)

## Education, Training and Experience

### High School:

School name and address: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

### College / University:

School name and address: \_\_\_\_\_  
Number of years completed: \_\_\_\_\_ Did you graduate? [ ] Y or [ ] N  
Degree / diploma earned: \_\_\_\_\_

### Military:

Branch: \_\_\_\_\_ Total Years of Service: \_\_\_\_\_  
Skills/duties: \_\_\_\_\_  
Related details: \_\_\_\_\_

**References** (Please provide three (3) references who are not previous supervisors and who are not related to you)

Name, Address and Phone Number:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Town of Hyde Park (hereinafter referred to as "The Town") that such employment with the Town is at will, for no specified duration and may be terminated by either The Town or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Town or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Town except the Selectboard has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Selectboard.

In consideration for employment with The Town, if employed, I agree to conform to the rules, regulations, policies and procedures of The Town at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the business of The Town, attendance and punctuality are considered essential requirements of every job at The Town and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with The Town, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to The Town and/or any of its representatives and/or agents and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date