

TOWN OF ST. ALBANS
P.O. BOX 37
ST. ALBANS BAY, VT. 05481

APPLICATION FOR PARKS EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

THE TOWN OF ST. ALBANS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS MUNICIPALITY TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, ANCESTRY, PLACE OF BIRTH, AGE, DISABILITY, HIV STATUS, OR OTHER STATUS PROTECTED BY STATE OR FEDERAL LAW. NO QUESTION IS ASKED ON THIS APPLICATION OR DURING THE APPLICATION PROCESS FOR THE PURPOSE OF EXCLUDING ANY APPLICANT DUE TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, ANCESTRY, PLACE OF BIRTH, AGE, DISABILITY, HIV STATUS, OR OTHER STATUS UNDER FEDERAL OR STATE LAW.

*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.

**THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION.

PERSONAL INFORMATION:

NAME: _____
FIRST LAST MIDDLE

PHONE NUMBER: _____ CELL PHONE # _____ D.O.B: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NO. CELL PHONE NO.

QUALIFICATIONS & EXPERIENCE:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ____ NO ____

LICENSE: _____
STATE NUMBER EXPIRATION DATE

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YRS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

WHAT KIND OF SPECIAL SKILLS OR EXPERIENCE DO YOU HAVE (I.E. EXPERIENCE USING LANDSCAPING EQUIPMENT AND TOOLS/PAINTING/GENERAL REPAIRS AND MAINTENANCE)?

THIS JOB REQUIRES EMPLOYEE WEEKEND AND HOLIDAY AVAILABILITY. DO YOU HAVE OBLIGATIONS THAT WOULD PREVENT YOU FROM WORKING DURING THESE TIMES?
 YES ___ NO _____

(FOR PARKS SUPERVISOR POSITION ONLY) PLEASE LIST YOUR PRIOR SUPERVISORY EXPERIENCE:

EMPLOYMENT HISTORY (LIST ALL EMPLOYERS IN THE LAST 3 YEARS PRECEDING THE DATE OF APPLICATION STARTING WITH THE MOST RECENT)

1. _____
 EMPLOYER

 ADDRESS TELEPHONE NO.
 POSITION: _____ SALARY: _____
 REASON FOR LEAVING: _____

2. _____
 EMPLOYER

 ADDRESS TELEPHONE NO.
 POSITION: _____ SALARY: _____

REASON FOR LEAVING: _____

3. _____
EMPLOYER

ADDRESS _____ TELEPHONE NO. _____

POSITION: _____ SALARY: _____

REASON FOR LEAVING: _____

APPLICANTS BY SIGNING BELOW CERTIFY THAT THEY HAVE READ THE FOLLOWING:

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN'S RULES AND REGULATIONS, AS SPECIFIED IN THE TOWN PERSONNEL POLICY.

SIGNATURE OF APPLICANT DATE

PRINT NAME

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: YES NO POSITION _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: _____

TOWN MANAGER DATE

DIRECTOR OF PUBLIC WORKS DATE