



STATE OF VERMONT EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Please read the instructions below before completing this application.

REFERENCE NUMBER(S)	JOB TITLE(S)	
NAME (First, Middle, Last, Suffix (ex: Jr, Sr II, III))		
MAILING ADDRESS, CITY, STATE, ZIP CODE:		
HOME TELEPHONE:	WORK (or Message) TELEPHONE:	EMAIL ADDRESS: (State whether home or business)

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse, roommate, domestic partner, civil union partner, any relative of any of the foregoing, or any relative of yours work for the State of Vermont?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/> **	<input type="checkbox"/>	In the past five years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law including motor vehicle violations?
<input type="checkbox"/> **	<input type="checkbox"/>	In the past fifteen years have you been convicted of a Felony?
** If "YES" to either question, give dates, details and penalties for each occurrence on a separate sheet of paper (8.5"x11"), which <u>must</u> accompany your application.		

INSTRUCTIONS

<p>You may submit one application for multiple job postings by attaching a job posting list with your selection(s) checked off or indicate the reference number(s) and job title(s) above. Please note that there are screening questions for each job posting and completion of these questions is required in order for your application to be considered complete. You may contact the Employment Services office either at 1-800-640-1657 or recruit@per.state.vt.us to obtain the appropriate questionnaire.</p> <p>All documents may be submitted to us either by mail, fax, e-mail, or hand delivered to the address list on this application by 4:30 p.m. (not postmarked) of the application deadline indicated on the job announcement. Applications received after the deadline will not be considered.</p> <p>Any applicant with a disability, who needs reasonable accommodation in the application process, or information about the mandatory interview option, should contact the Department of Human Resources.</p>	<p>For more information, or to obtain a hard copy application or questionnaire contact:</p> <p>Vermont Department Of Human Resources Employment Services Osgood Building 103 South Main Street Waterbury, VT 05676-2801 (800) 640-1657 (Information) (802) 241-1119 (Fax) recruit@per.state.vt.us (email) www.vtstatejobs.info (web)</p>
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OFFICE USE ONLY

DATE _____ INITIALS _____	APPLICANT ID	DATE RECEIVED
ROUTING: DATE _____ INITIALS: _____		

EDUCATION & TRAINING

Do you have a high school diploma or equivalent? YES NO

List any college, vocational, military, trade, nursing or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	GRADUATED (YES/NO)	DEGREE EARNED	IF NOT GRADUATED, NUMBER OF CREDITS EARNED
	ENROLL DATE LAST ATTENDED:				
	ENROLL DATE LAST ATTENDED:				
	ENROLL DATE LAST ATTENDED:				

WORK HISTORY – A RESUME WILL NOT SUBSTITUTE

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo./yr)	TO (mo/yr)	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

LICENSES AND CERTIFICATES

If you have any Licenses, Certificates or Registrations, list them below

DESCRIPTION	DATE ISSUED	NUMBER	ISSUED BY

TRAINING

List any relevant training courses you have taken

COURSE TITLE	SCHOOL NAME	COMPLETION DATE

REFERENCES

List personal and professional references

	REFERENCE #1	REFERENCE #2	REFERENCE #3
NAME			
TITLE			
EMPLOYER			
TYPE (Personal or Professional)			
PHONE			

CERTIFICATION

Please read carefully before submitting this application. I certify that all information I have entered is correct and complete to the best of my knowledge. I understand that the State may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Signature _____ Date _____

VETERANS' PREFERENCE

Complete this section if you wish to claim Veterans' preference points.

Preference points will be added to the passing scores of eligible veterans of the United States Armed Forces, as provided in 20 V.S.A. 1543 and 3 V.S.A. 310(f). In general, an eligible veteran is any person who served in the United States Armed Forces for at least 90 days and was separated under Honorable or other acceptable conditions. Additional preference points may be claimed if you meet any of the following requirements: (1) a veteran with a service connected disability; (2) the spouse of a totally disabled veteran with a service connected disability; or (3) the unmarried widow or widower of a veteran.

- Yes No Have you served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions?
- Yes No Have you served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions AND have a service-connected disability of 10% or more?
- Yes No Are you a spouse of a totally disabled veteran with a service-connected disability? (Note: the veteran must have served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions).
- Yes No Are you an unmarried widow or widower of a veteran? (Note: the veteran must have served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions).

APPLICANT EEO SURVEY

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. The information requested below is gathered to comply with Federal record keeping regulations and Equal Employment Opportunity/Affirmative Action requirements. You are not required to furnish this information; however, your cooperation is strongly encouraged and appreciated. The information on this form is CONFIDENTIAL and will be available only to authorized personnel for research and evaluation purposes. This page is separated from your application prior to review and destroyed after data entry.

WHAT IS YOUR GENDER?

- MALE FEMALE

WHAT IS YOUR DATE OF BIRTH (DD/MM/YYYY)?

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HOW DO YOU DESCRIBE YOURSELF?

- BLACK (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples 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, India, Japan, Korea, the Philippine Islands and Samoa.
- 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.

REFERRAL SOURCE

Select the Referral Source that best describes the way you FIRST learned about the job opportunity you are applying for.

- | | |
|---|---|
| <input type="checkbox"/> The Internet | <input type="checkbox"/> Professional magazine or journal |
| <input type="checkbox"/> Department of Human Resources office | <input type="checkbox"/> A referral from a friend |
| <input type="checkbox"/> Other State of Vermont office | <input type="checkbox"/> A referral from a current employee of the State of Vermont |
| <input type="checkbox"/> Department of Labor Career Resource Center | <input type="checkbox"/> School placement office |
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> Job fair |
| | <input type="checkbox"/> Other |