

Employment Application

Town of Georgia

GENERAL INFORMATION:

(Please print)

Date of Application: _____

Position for which you are applying: _____

What led you to apply for a position with the Town of Georgia?

Newspaper Advertisement: _____; Referred by an employee of the town: _____ If yes, by whom? _____; Job Fair _____; Other _____

PERSONAL INFORMATION:

Name: _____
(Last) (M.I.) (First)

Address: _____
(Street or Post Office Box #)

City: _____ State: _____ Zip Code: _____

Phone: (____)____-____ E-Mail Address (optional): _____

EDUCATION:

High School: _____ Grade completed: _____
(Name of School)

Vocational: _____ Diploma/Degree: _____
(Name of School)

University/College: _____ Year completed 1 2 3 4
(Name of School)

Diploma/Degree: _____

Licenses/Certifications: _____

Continued On Reverse Side

Employment History (Begin with most recent employer):

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

Employer: _____ Dates of employment: _____

Last position held: _____ Supervisor: _____

Responsibilities: _____

Reason for leaving: _____

REFERENCES:

Please list three (3) references (not related to you) that are familiar with you through previous employment or other associations.

Name: _____, Association: _____, Phone: () _____

Name: _____, Association: _____, Phone: () _____

Name: _____, Association: _____, Phone: () _____

I hereby state that the information I have provided on this application is true and accurate to the best of my knowledge. I authorize the verification of any or all of the information and any inquiries permissible by law to determine my suitability for employment. Further, I understand that should the Town of Georgia, or its affiliate, employ me, I am entering an At-Will Employment relationship and may resign or be terminated at any time with or without cause or reason and with or without prior notice.

Applicant's Signature: _____ **Date:** _____

Resume: Mailed previously _____, **Attached** _____, **Will be forwarded** _____

Town of Georgia
47 Town Common Rd. No.
St. Albans, VT 05478
(802) 524-9794

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 Georgia (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 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 Georgia 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 Town business, attendance and punctuality are considered essential requirements of every job in the Town of Georgia 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-employment 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 other who have information about me to provide such information to the Town and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages 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