

Town of Cavendish PO Box 126, 37 High Street Cavendish VT 05142 Phone (802) 226-7291 Fax (802) 226-7290

Employment Application

Applicant Information					
Full Name:		_ Date:			
Mailing			_		
Address:					
City Phone:	Email:	State	ZIP Code		
Position Applied for:					
Date Available:	Desired Salary: <u>\$</u>				
Have you ever worked for this company?					
Education					
High School:	Address:				
YES NO Did you graduate?					
College:	Address:		_		
YES NO Did you graduate?					
Other:	Address:				
YES NO Did you graduate?					
References					
Please list three professional references.					
Full Name:		Relationship:			
Company:		Phone:			
Address:					

Full Name:		Relationship:	
Company: Address:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Previous	Employment		
Company:		Phone:	
Address:			
Job Title:	Starting Salary: \$	Ending Salary:	\$
Responsibil	ties:		
From:	To: Reason for Leaving:		
Company:			
Address:		Supervisor:	
Job Title:	Starting Salary: <u>\$</u>	Ending Salary:	\$
Responsibil	ties:		
From:	To: Reason for Leaving:		
Company:		Phone:	
Address:			
Job Title:	Starting Salary: \$		\$
Responsibil	ties:		
From:	To: Reason for Leaving:		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: