

WORK EXPERIENCE

1.

Name of PRESENT or LAST employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

2.

Name of NEXT PREVIOUS employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

3.

Name of NEXT PREVIOUS employer				Business		Address	
Starting Date		Leaving Date		Wages	Reason for Leaving	May We Contact?	
Month	Year	Month	Year				
Job Title			Name of Supervisor			Supervisor's Job Title	
Description of Work and Responsibilities:							

Branch of Service _____ From _____ To _____
 Type of Discharge _____ Major Duties _____

 Service Schools Attended _____
 Present Military Obligation (Reserves) _____

Personal References (Not former Employers or Relatives)

REFERENCES

Name and Occupation	Address	Phone

Have you ever been convicted of any crime? YES NO

(If answer is yes, please explain on separate sheet.)

If you are applying for a job that may involve driving a municipal vehicle please answer the following:

Do you possess a valid VT Driver's License YES NO License Number _____

Please check License Type: Operators
 CDL

Expiration Date: _____

Signature of Applicant _____

If you wish to provide additional information, please use the space below:

**DO NOT WRITE IN THIS SPACE
FOR INTERVIEWER'S USE**

INTERVIEWER	DATE	COMMENTS

FOR TEST ADMINISTRATOR'S USE

TESTS ADMINISTERED	DATE	RAW SCORE	RATING	COMMENTS AND INTERPRETATIONS

REFERENCE CHECK

	RESULTS OF REFERENCE CHECK