

APPLICATION FOR EMPLOYMENT**An Equal Opportunity Employer**

Date: Who referred you?

Name:

Last

First

Middle

Present Address:

Number

Street

City

State

Zip

Home Phone:

Cell Phone:

Position Applied For:

Are you a veteran?

Yes**No**

Salary Desired:

Are you vaccinated?

Yes**No**

Are you 18 years of age?

Yes**No**

Can you lift heavy timber that weighs +/- 100 pounds?

Yes**No**

Are you legally able to work in the U.S.?

Yes**No**

Do you have health limitations that would prevent you from heavy lifting, pushing, pulling, carrying, or climbing?

Are you able and willing to travel?

Yes**No**

Do you have health limitations that would prevent you from coming in contact with hazardous material?

When are you available to start? _____

Yes**No****EDUCATION**

Name of Last School Attended:

Dates Attended:

School Address:

Circle Last Year Completed:

Grade:

5

6

7

8

9

10

11

12

College:

1

2

3

4

5

6

List Applicable Courses, Certificates, Diplomas, Degrees, Licenses, Training, or Skills (Include Military):

EMPLOYMENT

(List experience beginning with your most recent job held.)

Name of Employer:

Employment Dates

Hourly Wage/Salary

From:

Beginning:

Address, City, State:

To:

Ending:

Supervisor's Name:

May we contact your supervisor?

Yes**No**

Phone:

Job Title:

Reason for Leaving:

Summary of Duties:

EMPLOYMENT

Name of Employer:

Employment Dates

Hourly Wage/Salary

		From:	Beginning:
Address, City, State:		To:	Ending:
Supervisor's Name:	May we contact your supervisor?		Yes No
Phone:	Job Title:		
Reason for Leaving:			
Summary of Duties:			
EMPLOYMENT			
Name of Employer:		Employment Dates	Hourly Wage/Salary
		From:	Beginning:
Address, City, State:		To:	Ending:
Supervisor's Name:	May we contact your supervisor?		Yes No
Phone:	Job Title:		
Reason for Leaving:			
Summary of Duties:			
EMPLOYMENT			
Name of Employer:		Employment Dates	Hourly Wage/Salary
		From:	Beginning:
Address, City, State:		To:	Ending:
Supervisor's Name:	May we contact your supervisor?		Yes No
Phone:	Job Title:		
Reason for Leaving:			
Summary of Duties:			
Do you have a valid driver's license? Yes No			
Driver's License #:		State of Issue:	Expiration Date:
Have you had any accidents during the past three years?			How many?
Have you had any moving violations during the past three years?			How many?
Please list three references other than relatives or previous employers:			
Name:		Address:	Phone:
I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein in addition to references, employers listed above, and all information concerning my previous employment. I release Vermont Timber Works, Inc. of any liability for damage that may result from the utilization of information released to us by former employers, references, or from investigation of this information.			
Signature:		Date:	