

Employment Application

APPLICATION

The information you provide on this application is used strictly for evaluation in determining your eligibility for employment with the Town of Bennington Rescue Squad. We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis including, but not limited to, race, age, color, religion, sex, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

General Information						
Last	First		N	Middle Initial	Home Telephone	
Address (Mailing)	City	State	Z	iip	Other Telephone	
Social Security #		Date C	Date Of Birth		Maiden Name	e/Alias
Email Address		Ai	re you l	egally entitled t	to work in the U.S.?	Yes No
Position						
Position Desired					Looking for: Full-Time Part-Time	
Calama Danima d			Data	A:1-1-1-		
Salary Desired \$			Date Available			
Ethnicity			Race			
-	TT' ' T .'					
Hispanic or Latino Not	Hispanic or Latino		☐ White ☐ Black or African American ☐ Asian			
			∐ Ar	merican Indian	or Alaska Native	
			□ Na	ative Hawaiian	or Pacific Islander	
Education						
☐ High School, ☐ College, ☐	Γrade, □Military (Check All	That Apply)				
Name and Location		Date Attend (Mo/Y	led	Graduate	Degree	Major
				Yes 1	No	
				Yes 1	No	
License, Certification, Registra	ution			Number	State	Expiration
License, Certification, Registra	ition			Number	State	Expiration

120 McKinley Street Bennington, VT 05201 (802) 442-5817

Military				
Branch of Service	Date Available	Date of Discharge		
Previous Addresses (Last 7 Years)				
Address	State	Date Lived Here		
Address	State	Date Lived Here		
Address	State	Date Lived Here		
Address	State	Date Lived Here		
Reference (Minimum of Three)		I		
Name	Relationship	Years Known		
Address	State	Phone #		
Name	Relationship	Years Known		
Address	State	Phone #		
Name	Relationship	Years Known		
Address	State	Phone #		

Revised: 4/29/2014

Work Experience		
1) Employer	Telephone Number	From (Month/Yr)
	() -	
	,	
Address		To (Month/Yr)
Job Title		Hrs Per Week
Specific Duties (Max Characters 500)		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer?	Yes No
		<u> </u>
2) Employer	Telephone Number	From (Month/Yr)
	() -	
	-	
Address		To (Month/Yr)
Job Title		Hrs Per Week
		1110 1 01 11 0011
Specific Duties (Max Characters 500)		Last Salary
		g :
		Supervisor
Reason For Leaving:	May We Contact This Employer?	Yes No
3) Employer	Telephone Number	From (Month/Yr)
	() -	
	,	T 01 171
Address		To (Month/Yr)
Job Title		Hrs Per Week
Specific Duties (Max Characters 500)		Last Salary
		Cymanican
		Supervisor
Reason For Leaving	May We Contact This Employer?	Yes No
	F 1911	-
	l .	

APPLICANT CERTIFICATION – PLEASE READ CAREFULLY

I certify that the statements made by me on this Application are true and complete to the best of my knowledge, and are made in good faith. I authorize the Bennington Rescue Squad to verify any information provided by me in this application or otherwise. If circumstances require that an offer of employment be made before completion of a criminal background investigation and motor vehicle records check, said offer is contingent upon the completion of a satisfactory criminal background investigation and motor vehicles records check as set forth above. I understand that any falsification, misrepresentation, or omission of information on this application or related documentation may result in denial of my employment/membership with the Bennington Rescue Squad, or, if I am already an employee, my immediate dismissal from the Bennington Rescue Squad.

Signed	Date: _	Date:		
	OFFICE USE ONLY			
Background Submitted	Background Returned	DMV		
DOJ Sex Offender Registry	Inspector General Exclusion List (LEIE)			
Windows Login				
Radio #	Door Key			

Revised: 4/29/2014