



APPLICATION FOR EMPLOYMENT

The Vermont State Colleges is an equal opportunity employer and does not discriminate against any individual because of race, color, religion, ancestry, place of birth, gender, sexual orientation, gender identity or expression, national origin, age or veteran status, or against a qualified individual with a disability, or any other person whose status is protected under local, state or federal laws.

Date of Application:	Position for which you are applying:
Date Available for Work:	Full-time Part-time <i>If part-time, what hours are you available?</i>

Name: <i>(Last, First, Middle)</i>	Daytime Phone Number:
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Mailing Address: <i>(Street or P.O. Box, City, State, Zip)</i>	
Email Address:	

Are you over 18 years of age?	Yes	No	Are you a veteran?	Yes	No
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Are you legally eligible for employment in the United States?	Yes	No	Have you ever been convicted of a felony?	Yes	No
			<i>If yes, please describe where, when and under what circumstances.</i>		

If driving is required for the position:	
Do you currently have a valid, up-to-date license?	Yes No
Any restrictions?	Yes No
<i>If yes, please describe where, when and under what circumstances.</i>	
Have you been convicted of a traffic offense within the past five years?	Yes No
<i>If yes, please describe where, when and under what circumstances.</i>	

Previous employment with VSC?	Yes	No
Date(s):		
Job Title(s):		

Please note: You may attach a resume or curriculum vitae instead of completing the information below.

EDUCATION

High School/Vocational School:	City, State:	Did you graduate? Yes No	Course of study:
Postsecondary Institutions <i>Undergraduate:</i>	City, State:	Did you graduate? Yes No	Degree(s):
<i>Graduate:</i>		Yes No	

SKILLS/CERTIFICATION

Please list any additional training, skills, or certification you have that would be useful in evaluating your application for employment:

EMPLOYMENT (List in order, present or most recent position first)

◆ Name of Firm or Institution:	Address:	Dates Employed: From To
Position:	Name & Title of Supervisor:	
Describe your duties:		
Reason for leaving:		
◆ Name of Firm or Institution:	Address:	Dates Employed: From To
Position:	Name & Title of Supervisor:	
Describe your duties:		
Reason for leaving:		
◆ Name of Firm or Institution:	Address:	Dates Employed: From To
Position:	Name & Title of Supervisor:	
Describe your duties:		
Reason for leaving:		

ADDITIONAL REFERENCES <i>(Excluding Relatives)</i>			
Name:	Occupation:	Email Address:	Telephone Number:
Name:	Occupation:	Email Address:	Telephone Number:
Name:	Occupation:	Email Address:	Telephone Number:

<p>Have you ever been fired from a job or resigned in the face of dismissal or disciplinary action? Yes No</p> <p><i>If so, please describe the date and circumstances:</i></p>

PLEASE READ CAREFULLY BEFORE SIGNING

All new full-time employees and certain part-time employees will be subject to a criminal background check. By signing below I agree to the release of criminal background information by any law enforcement organization. This check will only be conducted if I am offered a position at the Community College of Vermont. My signature below indicates my understanding that any offer of employment is contingent upon the satisfactory results of this criminal background check.

Candidates for maintenance, custodial, and public safety positions are required to undergo a pre-employment physical examination to determine the individual's ability to perform the essential functions of the position. The results of the examination will be reported to the college and will be maintained by the college as a confidential medical record.

I certify that the information provided on the form is correct and complete. I understand and agree that provision of false information on this application or any attachments, misrepresentation, or omission of requested information could result in denial of employment or immediate termination once hired by Vermont State Colleges.

I understand and agree that all information furnished in this application and any attachments may be verified by Vermont State Colleges. I hereby authorize all individuals and organizations named or referred (except where specifically denied) to in this application to give Vermont State Colleges all information necessary to verify the contents of this application and relative to my work habits, and character and hereby release such individuals, organizations, and Vermont State Colleges from any liability for claim or damage which may result.

Signature: _____ Date: _____