



**APPLICATION FOR EMPLOYMENT**

www.highgatevt.org

Town of Highgate PO Box 189 Highgate, VT 05459

(802) 868-4697

Date: \_\_\_\_\_

<b>Name (First)</b>	<b>(Middle)</b>	<b>(Last)</b>
<b>Address</b>	<b>City</b>	<b>State</b>
<b>Phone Number</b>	<b>Cell Number</b>	<b>Email Address</b>
<b>Zip Code</b>		

How many hours per week would you like to work? List the hours you are available to work in the space below:

<b>Day</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>From:</b>							
<b>To:</b>							

Describe other activities that may periodically affect your availability such as sports, music, school etc.

<b>Date of Birth:</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Social Security Number:</b>
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Are you able to perform the essential duties of the job which you are applying for? YES  NO   
If No Please Describe:

Do you have reliable transportation to work? YES  NO

Are you legally eligible for employment in the United States? YES  NO

**EDUCATION:**

<b>Name of Institution</b>	<b>City State</b>	<b>Grade Completed</b>
<b>Graduated:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Now Enrolled:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Extracurricular Activities:</b>

**PREVIOUS WORK EXPERIENCE:**

<b>Have you ever been convicted of a felony or criminal offense?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Explain:</b>	
<b>Date:</b>	<b>Where:</b>



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**PREVIOUS WORK EXPERIENCE**

Employer	Dates of Employment	Reason for Leaving
Employer	Dates of Employment	Reason for Leaving
Employer	Dates of Employment	Reason for Leaving

**PERSONAL REFERENCES:**

Name	Name	Name
Address	Address	Address
Phone Number	Phone Number	Phone Number

**Applicant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_