

# VERMONT TECH

## Vermont Technical College

P.O. Box 500

Randolph Center, VT 05061

*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.*

<i>Date of Application:</i>	<i>Please list the title of the position for which you are applying:</i>
<i>Date Available for Work:</i>	<i>Part-time/Full-time? If part-time, what hours would you be available?</i>

<i>Name: (Last, First, Middle)</i>		<i>Telephone Number:</i>	
<i>Mailing Address: (Street or P.O. Box, City, State, Zip)</i>			
<i>E-mail address:</i>			
<i>Are you over 18 years of age?</i> ___ Yes    ___ No		<i>Are you a Veteran?</i> ___ Yes    ___ No	
<i>Are you legally eligible for employment in the United States?</i> ___ Yes    ___ No			
<i>If driving is required for the position:</i>			
<i>Do you currently have a valid, up-to-date license?</i>		___ Yes    ___ No	
<i>Any restrictions?</i>		___ Yes    ___ No	
<i>Have you been convicted of a traffic offense within the past five years?</i>		___ Yes    ___ No	
<i>If so, please describe where, when and under what circumstances.</i>			
<i>Previous employment with VSC?</i> ___ Yes    ___ No <i>Date(s):</i>			
<i>Job Title(s):</i>			

**PLEASE NOTE:** You may attach a resume or *curriculum vitae* instead of completing the information below.

Applications for full time faculty employment must include all postsecondary and graduate transcripts which indicate degree(s) conferred and/or degree status (e.g. , graduate credits toward degree).

## EDUCATION

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

➤	<i>Name of Firm or Institution:</i>	<i>Address:</i>	<i>Dates Employed:</i> <i>From: To:</i>
	<i>Position:</i>	<i>Name &amp; Title of Supervisor:</i>	
	<i>Describe your duties:</i>		
	<i>Reason for leaving:</i>		
➤	<i>Name of Firm or Institution:</i>	<i>Address:</i>	<i>Dates Employed:</i> <i>From: To:</i>
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	<i>Reason for leaving:</i>		
➤	<i>Name of Firm or Institution:</i>	<i>Address:</i>	<i>Dates Employed:</i> <i>From: To:</i>
	<i>Position:</i>	<i>Name &amp; Title of Supervisor:</i>	
	<i>Describe your duties:</i>		
	<i>Reason for leaving:</i>		

Have you ever been fired from a job or resigned in the face of dismissal or disciplinary action? \_\_\_ Yes \_\_\_ No  
If so, please describe the date and circumstances.

**ADDITIONAL REFERENCES (Excluding Relatives)**

Name:	Occupation:	Address:	Telephone Number:
Name:	Occupation:	Address:	Telephone Number:

**PLEASE READ CAREFULLY BEFORE SIGNING**

All new full-time employees and certain part-time employees will be subject to a fingerprint-supported 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 Vermont Technical College. My signature below indicates my understanding that any offer of employment is contingent upon the satisfactory results of this criminal background check.*

*Candidates for full time faculty employment must include/submit all postsecondary and graduate transcripts which indicate degree(s) conferred and/or degree status (e.g., graduate credits toward degree).*

*Candidates for maintenance, custodial, farm, 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: \_\_\_\_\_