Town of Londonderry, Vermont

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

Email completed form to townadmin@londonderryvt.gov.

Applicant Information Please print when filling out the form			
Last Name	First	M.I.	Date
Street	City	State	ZIP
Phone	Email		
Position Applying for	Desired Salary	Date Available	☐ Full time ☐ Part time
Are you currently employed? ☐ Yes ☐ No	May we contact your current employer? ☐ Yes ☐ No If yes, provide contact information below.		
Employer or Supervisor Name	Phone	Email	
Are you a citizen of the United States? ☐ Yes ☐ No	If no, are you authorized to work in the U.S.? ☐ Yes ☐ No		
Have you worked for the Town before? ☐ Yes ☐ No	If yes, when and in what capacity?		
Have you ever been convicted of a felony?* ☐ Yes ☐ No	If yes, explain.		
* Please note that a felony conviction does not necessarily disqualify you from employment with the Town.			
Are you under 18 years old? ☐ Yes ☐ No	If yes, can you provide required proof of your eligibility to work? ☐ Yes ☐ No		

Previous Employment		
Employer/Company	Position	
Responsibilities		
Pay: Start $ End $	From to	Reason for leaving
Supervisor	Phone	Email
May we contact this supervisor for a reference? ☐ Yes ☐ No		
Employer/Company	Position	
Responsibilities		
Pay: Start $ End $	From to	Reason for leaving
Supervisor	Phone	Email
May we contact this supervisor for a reference? ☐ Yes ☐ No		
Employer/Company	Position	
Responsibilities		
Pay: Start $ End $	From to	Reason for leaving
Supervisor	Phone	Email
May we contact this supervisor for a reference? ☐ Yes ☐ No		

Education

High School	From to	Did you graduate? ☐ Yes ☐ No
If no, do you have a GED? ☐ Yes ☐ No		
College	From to	Did you graduate? ☐ Yes ☐ No
If yes, what is your degree?		
Please list any other professional training or certification (for example, CDL, Wastewater Operator certification).		

Please provide three professional references.

Full Name		Relationship
Phone	Email	Company
Full Name		Relationship
Phone	Email	Company
Full Name		Relationship
Phone	Email	Company

Disclaimer and Signature (Applicant's Statement)

- I certify that my answers are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will employment relationship with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature	Date