

Town of Starksboro

PO BOX 91, STARKSBORO, VT 05487 | 802-453-2639 | STARKSBOROV.T.ORG

APPLICATION FOR ROAD CREW FOREMAN - CDL EMPLOYMENT (an equal opportunity employer)

Position Applied For: _____ Application Date: _____

How did you hear about this job?

Advertisement (where? _____) Friend Relative

Other: _____

Applicant Name: _____
Last First Middle

Home Phone: _____ **Mobile Phone:** _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____
Street City State Zip code

If less than 3 years,
Previous Address: _____
Street City State Zip code

EQUIPMENT EXPERIENCE

Dump Truck	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Plowing	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Sanding/Salt	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Grader	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Excavator	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Backhoe	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
Loader	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	Tractor/Mowing	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes # of Years _____
<i>Other</i>		<i>Other</i>	

DRIVER EXPERIENCE

CDL License: _____
State Number Expiration Date

Class 'A' Yes No # of Years _____ Class 'B' Yes No # of Years _____

Class 'C' Yes No # of Years _____

List of Endorsements: _____

ACCIDENT HISTORY

Date of Accident	Nature of Accident	Injuries or Fatalities Related to Accident

MOTOR VEHICLE VIOLATIONS – OTHER THAN PARKING

Date of Conviction	Offense (be specific)

Has your license (motor vehicle or CDL) ever been suspended, revoked, or denied? Yes No

If yes, explain the details (including specific violation, timeframe, etc.) _____

EMPLOYMENT HISTORY – LIST YOUR LAST THREE (3) EMPLOYERS

EMPLOYER NAME: _____ ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

EMPLOYER NAME: _____ ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

EMPLOYER NAME: _____	START DATE: _____	END DATE: _____
ADDRESS: _____	STARTING PAY RATE: _____	FINAL PAY RATE: _____
TELEPHONE: _____		
SUPERVISOR NAME: _____		
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

Have you ever held a position that required DOT alcohol and/or drug testing? Yes No
 If yes, which job(s)? _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills and qualifications you have acquired from previous employment or other experience, including heavy equipment, mechanical, carpentry, computer skills, and any job-related training received in the United States military.

Describe any special classes or training you have received (such as VT Local Roads classes, flagging class, certifications, firefighting or EMT training, etc.)

SUPERVISORY EXPERIENCE – Do you have experience as a:

Lead Crew Member? No Yes # of Years _____ Supervisor? No Yes # of Years _____

If yes, please describe _____

EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
Trade, Business or Other School				
College				

Goals & reasons for applying to work for the Town of Starksboro: _____

ADDITIONAL COMMENTS: _____

REFERENCES

Give the name, address and telephone number of three (3) references who *are not related to you and who are not previous employers.*

- 1. _____

Name	Address	Telephone Number
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- 2. _____

Name	Address	Telephone Number
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- 3. _____

Name	Address	Telephone Number
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. *I also acknowledge that any employment offer will be contingent on passing a pre-employment drug screening.*

In consideration of my employment, I agree to conform to the Town of Starksboro’s rules, regulations, policies, and procedures. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town of Starksboro. I understand that no Town of Starksboro representative other than the Starksboro Selectboard, and then only when in writing and signed by the Starksboro Selectboard, has any authority to enter into any agreement for employment (including terms related to compensation and/or benefits) for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant

Printed Name

_____ Date signed

The Town of Starksboro is an equal opportunity employer. It is the policy of this municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or other status under state or federal law.

This form has been revised to comply with the provision of the Americans with Disabilities Act, regulations and interpretive guidance promulgated by the EEOC (07/26/1991), and state and federal fair employment practice laws prohibiting employment discrimination.