

# Application For Employment



Meeting Needs | Changing Lives

# SEVCA

SOUTHEASTERN VERMONT COMMUNITY ACTION

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally recognized group.

## Personal Information

Name

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you under 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Position

Position You Are Applying For	Available Start Date		Desired Pay
Employment Desired	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal/Temporary
Have you ever applied with us?	Yes <input type="checkbox"/> No <input type="checkbox"/> When?	Have you ever been employed with us?	Yes <input type="checkbox"/> No <input type="checkbox"/> When?
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you travel if a job requires it?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Education

	Name and Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Starting Pay Rate
Work Phone	Supervisors Name		Ending Pay Rate
Address	City	State	Zip
Reason For Leaving	Date Started	Date Ended	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employer (2)</b>	Job Title		Starting Pay Rate
Work Phone	Supervisors Name		Ending Pay Rate
Address	City	State	Zip
Reason For Leaving	Date Started	Date Ended	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Employer (3)</b>	Job Title		Starting Pay Rate
Work Phone	Supervisors Name		Ending Pay Rate
Address	City	State	Zip
Reason For Leaving	Date Started	Date Ended	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Professional Experience

List professional, trade business or civic activities and offices held. You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.


## Specialized Training

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you may have done. Also, describe any job-related training received in the United States Military.


## Signature Disclaimer

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

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 this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time 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 an authorized executive of this organization specifically acknowledges such change in writing.

Name (Please Print)	Signature
Date	

Southeastern Vermont Community Action  
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