Town of Richford

94 Main Street Richford, VT 05476 | 802-848-7751 | RICHFORDVT.ORG

APPLICATION FOR ROAD CREW POSITION

(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 ☐ No ☐ Yes # of Years

Sanding/Salt ☐ No ☐ Yes # of Years

Excavator ☐ No ☐ Yes # of Years

Loader ☐ No ☐ Yes # of Years _____

_____ ☐ No ☐ Yes # of Years _____
Other

Plowing ☐ No ☐ Yes # of Years____

Grader ☐ No ☐ Yes # of Years____

Backhoe ☐ No ☐ Yes # of Years____

Tractor/Mowing ☐ No ☐ Yes # ofYears _____

_____ ☐ No ☐ Yes # of Years ____
Other

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:_____ ADDRESS:_____ TELEPHONE:_____ SUPERVISOR NAME:_____	START DATE:_____ STARTING PAY RATE:_____	END DATE: _____ FINAL PAY RATE:_____
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 Richford: _____

_____

_____

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*
2. _____
   Name *Address* *Telephone Number*
3. _____
   Name *Address* *Telephone Number*

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 as may be necessary in arriving at an 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 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 Richford's rules, regulations, policies, and procedures. 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 may not be changed by a any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

_____ _____

Signature of Applicant Printed Name

_____ Date signed

The Town of Richford 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.