



STATE OF VERMONT TEMPORARY EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please read the instructions below before completing this application.

REFERENCE NUMBER(S)		JOB TITLE(S)	
NAME (First, Middle, Last, Suffix (ex: Jr, Sr II, III))			
MAILING ADDRESS, CITY, STATE, ZIP CODE:			
HOME TELEPHONE:	WORK (or Message) TELEPHONE:	EMAIL ADDRESS: (State whether home or business)	

STATEMENTS

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse, roommate, domestic partner, civil union partner, any relative of any of the foregoing, or any relative of yours work for the State of Vermont?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/> **	<input type="checkbox"/>	In the past five years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law including motor vehicle violations?
<input type="checkbox"/> **	<input type="checkbox"/>	In the past fifteen years have you been convicted of a Felony?
** If "YES" to either question, give dates, details and penalties for each occurrence on a separate sheet of paper (8.5"x11"), which <u>must</u> accompany your application.		

INSTRUCTIONS

<p>This form is to be used only when applying for TEMPORARY positions with the State of Vermont. Applicants who are interested in applying for permanent employment with the State of Vermont must apply using the online application that can be found on the Department of Human Resources (DHR) web site at the following link: www.careers.vermont.gov</p> <p>To be considered for temporary employment, complete this application and submit it directly to the Human Resources staff at the department where the vacancy exists. You will be contacted directly by that department if they wish to interview you for a particular vacancy.</p>	<p>For more information regarding specific temporary job openings, please contact the Human Resources (HR) staff at the department seeking to fill the position.</p> <p>A list of department HR staff can be found on the Department of Human Resources web site at the following link: www.humanresources.vermont.gov/about/state_hr_staff</p>
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OFFICE USE ONLY

DATE _____ INITIALS _____	APPLICANT ID _____	DATE RECEIVED _____
ROUTING: DATE _____ INITIALS: _____		

EDUCATION & TRAINING

Do you have a high school diploma or equivalent? YES NO

List any college, vocational, military, trade, nursing or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	GRADUATED (YES/NO)	DEGREE EARNED	IF NOT GRADUATED, NUMBER OF CREDITS EARNED
	ENROLL DATE: LAST ATTENDED:				
	ENROLL DATE: LAST ATTENDED:				
	ENROLL DATE: LAST ATTENDED:				

WORK HISTORY

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo./yr)	TO (mo/yr)	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo./yr.):	TO (mo./yr.):	TELEPHONE NUMBER:	
DUTIES Describe in detail the duties you performed. Include your supervisor's name and phone number. Indicate your reason for leaving.			

LICENSES AND CERTIFICATES

If you have any Licenses, Certificates or Registrations, list them below

DESCRIPTION	DATE ISSUED	NUMBER	ISSUED BY

TRAINING

List any relevant training courses you have taken

COURSE TITLE	SCHOOL NAME	COMPLETION DATE

REFERENCES

List personal and professional references

	REFERENCE #1	REFERENCE #2	REFERENCE #3
NAME			
TITLE			
EMPLOYER			
TYPE (Personal or Professional)			
PHONE			

CERTIFICATION

Please read carefully before submitting this application. I certify that all information I have entered is correct and complete to the best of my knowledge. I understand that the State of Vermont may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Signature _____ Date _____