



Town of Huntington, VT
APPLICATION FOR HIGHWAY ROAD CREW PERSON - CDL EMPLOYMENT
(an equal opportunity employer)

Position Applied For: \_\_\_\_\_ Application Date: \_\_\_\_\_

How did you hear about this job?

- Advertisement/Employment Agency (where? \_\_\_\_\_) Friend Relative
Other: \_\_\_\_\_

Applicant Name: \_\_\_\_\_
Last First Middle

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

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 Sanding/Salt Excavator Loader Plowing Grader Backhoe Tractor/Mowing
Other

DRIVER EXPERIENCE

CDL License: \_\_\_\_\_
State Number Expiration Date
Class 'A' Class 'B'
Class 'C'
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

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

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

<b>EMPLOYER NAME:</b> _____ 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? \_\_\_\_\_

**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 APPLY FOR EMPLOYMENT WITH THE TOWN OF HUNTINGTON:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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. \_\_\_\_\_  

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
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2. \_\_\_\_\_  

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
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3. \_\_\_\_\_  

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>
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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 and, if I am employed by the Town of Huntington, my employment may be terminated at any time. I also acknowledge that any employment offer will be contingent on passing a pre-employment drug screening and physical.

In consideration of my employment, I agree to conform to the Town of Huntington’s rules, regulations, policies, and procedures. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the Town of Huntington’s option. 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 Huntington. I understand that no Town of Huntington representative other than the Huntington Selectboard, and then only when in writing and signed by the Huntington 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

*The Town of Huntington 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.*