

# South Meadow Ventures Employment Application

6655 Shelburne Rd. Suite 100  
Shelburne, VT 05482

We consider applicants for all positions without regard to race, color, religion, creed, gender, sexuality, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box Town State ZIP

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Eligible to work in US? \_\_\_\_\_ Age (if under 18)? \_\_\_\_\_  
(Proof of citizenship or immigration status required on employment)

Position Applying For \_\_\_\_\_

Do you want to work: \_\_\_\_\_ FULL-TIME ONLY \_\_\_\_\_ PART-TIME ONLY \_\_\_\_\_ FULL OR PART-TIME

How many hours can you work weekly? \_\_\_\_\_

Can you work evenings? \_\_\_\_\_

Can you work weekends? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Desired salary range? \_\_\_\_\_

Days/Hours available to work: \_\_\_\_\_ Any: \_\_\_\_\_

Mon \_\_\_\_\_

Tue \_\_\_\_\_

Wed \_\_\_\_\_

Thu \_\_\_\_\_

Fri \_\_\_\_\_

Sat \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ If yes, explain and attach the court documents, if any. \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

Please tell us about your education:

School	Name/Address	Years Completed	Diploma/Degree
High School			
Undergraduate			
Graduate			
Other			

Please tell us about your last 3 jobs:

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Employer		Job Title	
Employer's Address		Employer's Phone Number	
Start Date (month/year)	Beginning Wage	End Date (month/year)	Ending Wage
Supervisor's Name and Title		Supervisor's Phone Number	
Job Duties			
Reason for Leaving			

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Employer		Job Title	
Employer's Address		Employer's Phone Number	
Start Date (month/year)	Beginning Wage	End Date (month/year)	Ending Wage
Supervisor's Name and Title		Supervisor's Phone Number	
Job Duties			
Reason for Leaving			

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Employer		Job Title	
Employer's Address		Employer's Phone Number	
Start Date (month/year)	Beginning Wage	End Date (month/year)	Ending Wage
Supervisor's Name and Title		Supervisor's Phone Number	
Job Duties			
Reason for Leaving			

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Please explain any gaps in employment: \_\_\_\_\_

Please list three references:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Phone Number

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Phone Number

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

Phone Number

What else would you like us to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

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 that 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 Employee at any time with or without cause. It is further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information, given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date