Town of Worcester
Application for Employment

The Town of Worcester is an equal opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, HIV status, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of Application_____

Position(s) applied for: _____

Are you applying for: temporary work – such as summer or holiday work? ☐ yes ☐ no
Regular part-time work? ☐ yes ☐ no Available starting when? _____
Regular full-time work? ☐ yes ☐ no Available starting when? _____

Are you available to work overtime? ☐ yes ☐ no Comment? _____

Referral source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in
☐ Employment Agency ☐ Other

Name _____
Last First Middle Initial

Street Address _____
Number Street City State Zip Code

Mailing Address _____
(if different from above)

Email Address _____

Telephone Number: _____ ☐ home phone ☐ cell phone

Are you over the age of 18? ☐ yes ☐ no (If under 18, hire is subject to verification of minimum legal age.)

Have you filed an application here before? ☐ yes ☐ no If yes, give date _____
Have you ever been employed here before? ☐ yes ☐ no If yes, give date _____

Are you employed now? ☐ yes ☐ no May we contact your present employer? ☐ yes ☐ no

Salary desired: $ _____ If hired, would you be able to present evidence that you legally can work in the United States? ☐ yes ☐ no

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ yes ☐ no

If no, please describe the functions that **cannot** be performed: _____
_____.

(Note: The Town of Worcester complies with the American for Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

EDUCATION

High School, Trade, Business school, College or Graduate School Attended	No. of Yrs/Grades Completed	Degrees earned or expected.	Major Courses of Study	GPA/ Major

Describe Specialized Training, Apprenticeships, Skills, you have acquired and any extra-curricular activities you participated in: _____
_____.

EMPLOYMENT HISTORY and U.S. MILITARY SERVICE

Please complete this section even if you have attached a resume. Give a complete account of your job duties. Begin with your *present* or *most recent* positions and *work backwards.*

1. Employer's name and address: _____
   Supervisor _____ Telephone _____
   Main duties _____
   _____.

From _____ To _____ Starting Pay _____ Ending Pay _____.
Why did you leave? _____.

2. Employer's name and address: _____
Supervisor _____ Telephone _____
Main duties _____
_____.
From _____ To _____ Starting Pay _____ Ending Pay _____.
Why did you leave? _____.

3. Employer's name and address: _____
Supervisor _____ Telephone _____
Main duties _____
_____.
From _____ To _____ Starting Pay _____ Ending Pay _____.
Why did you leave? _____.

Which of these jobs did you like best and why? _____
_____.

Special Skills and Qualifications: Please summarize special skills and qualifications acquired from employment or other experience: _____
_____.
_____.

Do you have and are maintaining a valid CDL driver's license? Class _____ ☐ yes ☐ no

Do you have a current medical card for CDL licensure? ☐ yes ☐ no

Are you a veteran of the U.S. military service? ☐ yes ☐ no If yes, branch _____.
Dates of service: _____

Please list and professional, trade, business or civic activities and offices held or currently being held that may provide relevant experience for the position under consideration. *(Note: you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):* _____
_____.

REFERENCES: Please provide three (3) references who are not related to you and who can respond to questions about your work capabilities and character.

1. _____
Name (First, last) Mail Address Telephone number

2. _____
Name (First, last) Mail Address Telephone number

3. _____
Name (First, last) Mail Address Telephone number

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for immediate dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed hereon, including this municipality, to answer any and all questions and to provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand that submission of an application does not guarantee employment. I understand that neither this document nor any offer of employment from the Town of Worcester constitutes an employment contract unless a specific document to that effect is executed by and between the Town and me, as employee, in writing. Furthermore, in the event I am employed by the Town of Worcester, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality.

I understand that if offered a position by the Town of Worcester, I may be required to submit to a pre-employment controlled substances screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of pre-employment screening will result in withdrawal of any employment offer or constitute grounds for termination of employment if I am already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Worcester, its representatives or agents, and I further release all parties involved from any and all liability for any and all damages that may result from provision of such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

_____ _____

Signature of Applicant **Date**

VERMONT

Vermont DMV Record Request

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds only) to: **Vermont Department of Motor Vehicles.**

Signature Required on Back of Form

Requester Name:		**DBA/Company:**
Mailing Address:	**Street/Box Number:**	
	City, State, Zip:	
Mail to (If different than above address):		**Telephone Number:**

- ☐ Listings of 1 through 4 current or expired registrations – $8.00
- ☐ Listing of 1 through 4 current or expired operator's license – $8.00
- ☐ Certified copy of current or original registration application – $8.00
- ☐ Certified copy of expired operator's license application – $8.00
- ☐ Certified copy individual accident report – $12.00
- ☐ Certified copy police accident report – $18.00
- ☐ Insurance information of accident – $8.00
- ☐ Statistics and research – $42.00 per hour
- ☐ Periodic inspection sticker record – $8.00
- ☐ Certified copy of suspension notice – $8.00
- ☐ Certified copy of reinstatement notice – $8.00
- ☐ Certified copy of title – $6.00
- ☐ Certified copy of vehicle title search, title info, lien info. – $22.00
- ☐ Certified copy of vessel, snowmobile or ATV title search – $13.00
- ☐ Certified copy of 3 year operating record (Vermont only) – $14.00
- ☐ Certified copy of complete operating record (Vermont only) – $20.00
- ☐ Certified copy of proof of mailing – $8.00
- ☐ Certified copy of mail receipt – $8.00
- ☐ Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – $8.00 per page
- ☐ Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of $8.00.

I am requesting information concerning:

VIN	Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date

Name	VT Driver License Number	Date of Birth

Street/Box Number	Social Security Number

City	State	Zip Code

Date(s) you want covered, if applicable (does not apply to driving records)

Month	Day	Year	Through	Month	Day	Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):

- ☐ To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- ☐ To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

Signature of individual authorizing release:	Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓	**You must initial inside the appropriate box(es)/category(ies) below:**
	1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are **required***.
	2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are **required***.
	4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are **required***.
	7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
	8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are **required***.
	9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
	10. For use in connection with the operation of private toll transportation facilities.
	11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. *An explanation that details the reason(s) why you feel you qualify under this category **must** be attached to this document.*
	12. Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		**Date:**	
Driver License/Corporate Number of Requester:			

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

*** Appropriate documents identifying requester are required. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000**

FOR DEPARTMENT USE ONLY - DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- ☐ They are records which, by law, are designated confidential or by a similar term.
- ☐ They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: _____