

APPLICATION FOR EMPLOYMENT

44 Lower Newton St. St. Albans, Vt. 05478 Enosburg, Vt. 05450 800-639-1627

2 Orchard St. 800-639-1628

13 Gallagher Rd. Middlesex, Vt. 05602 866-639-1629



400 Quarry Road Newport, Vt 05855 855-739-1626

We consider applicants for all positions without regard to race, color, religeon, sex, national origin,

11 North River Street Swanton, Vt 05488 800-868-3355

Name:					
Address:					
Telephone:			Cell:		
What type of posi	ition are you appl	ying for? _			
On which date wo	ould you be availa	able for emp	•		
St. Albans	Enosburg	Mi	ddlesex	Derby	Swanton
Drivers License #	£	State	:	_ Exp:	
CDL License # _			Class:		
Are you available to v Skills & Qualificatio	_			Shift Work oyment or other	Temporary
Please summarize sp					
experiences that may	qualify you for work	•	•		
experiences that may	y qualify you for work				
experiences that may	y qualify you for work				
experiences that may	y qualify you for work				
	y qualify you for work				

Employment History

Please start with current or most recent employer Telephone # From: To: Employer Job Title: <u>Address</u> Reason for Leaving: Hourly Rate / Salary Start \$ \$ Final per per To: Employer Telephone # From: Job Title: Address Reason for Leaving: Hourly Rate / Salary Start \$ Final \$ per per From: Employer Telephone # To: Job Title: Address Reason for Leaving: Hourly Rate / Salary Start \$ per Final \$ per From: <u>To:</u> Employer Telephone # Job Title: Address Reason for Leaving: Hourly Rate / Salary Start \$ Final \$ per per If employed, would you agree to a random drug test? Yes No Have you ever applied to this company before? Yes No Are you currently employed? Yes No If yes, where? May we contact your past and / or present employers? Yes No Have you ever been discharged or asked to resign from a job? Yes No Please explain: _____ Yes No

Are you legally eligible for employment in the United States? Ye If hired, you will be required to provide documentation to verify eligibility

- * Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other legally protected status.
- * As an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities where they apply.
- * The purpose for this data record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the folllowing information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file.

Please note: your cooperation is voluntary. Inclusion or exclusion of any data will not effect any. employment decisions.

Voluntary Survey

(Please print)				Date:		
	protected sta	tus of employe Action Progra	ım.	for statis	tical an	ity, handicap, alysis with respect
Name:						
Address:						
City:			State:		Zip: _	
Birthdate:						
Current Job:						
Circle one	Male		Female			
Circle if applicable	: Vie	tnam Veteran	Disabled	Veteran	Ha	andicapped Individual
Circle one:	White	Black	Hispanic	Other		

References:

Please use other than family members 3 or more

Name:	Telephone #:	Years known:	Relationship (how known)

I authorize investigation of all sta	atements in this applica	ition:	Yes	No		
I understand that misrepresenta and that my employment is subt Yo						
I have read these statements an	d answers to these inq	uiries:	Yes	No		
As an applicant for employment with Sticks & Stuff, I understand the following: This application will remain on active file for 60 days. If I am not hired within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Sticks & Stuff.						
Any misrepresentation or falsification of information or significant omission will be cause for rejection of my application for subsequent discipline up to and including dimissal from employment if discovered at a later date.						
If hired, my employment is n company or myself at any tin to make any oral assurance	ne with or without notic	e or cause. No ma				
I authorize and consent to m organization named in this a be required to make an emp	pplication (or accompa			•		
If employed, I agree to comprules of conduct of Sticks &		y the safety and he	ealth rules and	d regulations and		
Signature:						
Date of application:						