

Town of Warren

PO Box 337, Warren VT 05674 | 802-496-2709 | www.warrenvt.org

APPLICATION FOR ROAD CREW POSITION – CDL EMPLOYMENT

(an equal opportunity employer)

Application Date: _____

Position Applied For: _____

How did you hear about this position? Advertisement Friend/Relative Other _____

Applicant Name:	
Phone Number:	
Social Security Number:	Date of Birth:
Present Address:	
If less than 3 years, Previous Address:	

Equipment Experience:

Dump Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Plowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Sanding/Salting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Excavator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Loader	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Backhoe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Tractor / Mowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:

Driver Experience:

License:	State	Number	Expiration Date
CDL License	State	Number	Expiration Date
Class A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Class B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Class C	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain the details (including specific violation, timeframe, etc.)		

Employment History – List your last three (3) employers:

Employer Name: Address: Phone: Supervisor:	Start Date:	End Date:
	Starting Pay Rate:	Final Pay Rate:
Job Title:		
Work Performed:		
Reason for Leaving:		
Employer Name: Address: Phone: Supervisor:	Start Date:	End Date:
	Starting Pay Rate:	Final Pay Rate:

Job Title:
Work Performed:
Reason for Leaving:

Employer Name: Address: Phone: Supervisor:	Start Date:	End Date:
	Starting Pay Rate:	Final Pay Rate:
Job Title:		
Work Performed:		
Reason for Leaving:		

Have you ever held a position that required DOT alcohol and/or drug testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which job(s)?		

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 other related training.

Describe any special classes or training you have received (such as VT Local Roads classes, flagging class, certifications, firefighting, EMT training, etc.)

Supervisor Experience – Do you have experience as:

Lead Crew Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
Supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Years:
If yes, please describe:			

Education:

Education Level	Name & Location of School	Years Attended	Graduated?	Subjects?
High School				
Trade, Business or Other				
College				

Goals and reasons for applying to work for the Town of Warren:

Additional Comments:

References – Give the name, telephone number and email address of three (3) references who are not related to you:

Name	Phone Number	Email Address	Relation
Name	Phone Number	Email Address	Relation
Name	Phone Number	Email Address	Relation

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. I also acknowledge that any employment offer will be contingent on passing a pre-employment drug and alcohol screening.

In consideration of my employment, I agree to conform to the Town of Warren’s rules, regulations, policies and procedures. 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 Warren. I understand that no Town of Warren representative other than members of the Warren Selectboard, and then only when in writing and signed by the Warren 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	Date Signed
Signature of Town of Warren Representative	Printed Name	Date Signed

The Town of Warren is an equal opportunity employer. It is the policy of the Town to provide equal employment opportunities 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 any other status protected by state or federal law.

No question on this application, nor during the application process, is intended to exclude any applicant on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, place of birth, age, disability, HIV status, or any other status protected by state or federal law.

This form has been revised to comply with the provisions of the Americans with Disabilities Act (ADA), the regulations and interpretive guidance promulgated by the Equal Employment Opportunity Commission (EEOC) on July 26, 1991, and all applicable state and federal fair employment practice laws prohibiting employment discrimination.