

State of Vermont Employment Application

Special Instructions for Microsoft Word 97 (7.0) version.

- (1) After downloading SOVAPP97.DOC, create a backup copy for future use.
- (2) Next, you may want to print a blank copy of the document. This will help you see what information you will need and help you follow the layout of the application.
- (3) This is a form-protected document, so information can be entered **ONLY** in the shaded form fields. To move from field to field use your mouse, the arrow keys or press TAB. Each form field has a limited number of characters.
- (4) Use can use your mouse or the SPACEBAR to mark and unmark a checkbox.
- (5) The Work History section has space to list six different jobs. If you have had more than six jobs you will need to continue using **another copy of the application file**. (Since the form is protected you cannot cut and paste a new page). Open the backup copy you made of SOVAPP97.DOC, and save that file to another name. Complete page 3, then just print that page only and include it with the rest of your application.
- (6) This form was designed for Microsoft Word 97. Attempting to convert to other word processing packages will generally be unsuccessful and is discouraged.

INSTRUCTIONS

Please read these instructions carefully before preparing your application. With a clear sense of what is required, you will be able to present a strong, accurate record of your qualifications and skills.

GENERAL

Your first step is to review the recruitment announcement. It contains important information that you must know to properly complete an application, such as the correct job title and jobcode, where to apply, the deadline for application, the minimum qualifications, and any required tests. Carefully read the minimum qualifications. If you feel you meet these requirements, fill out the application.

A SEPARATE APPLICATION PER TITLE IS REQUIRED

You must submit a separate application for each job title you apply for, unless the job announcement gives different instructions. Indicate the exact job title and jobcode found on the job announcement. Use the available word processing versions of this application, if possible. Otherwise, please use a typewriter or print clearly in black ink. Legible photocopies are acceptable if you wish to apply for more than one job title.

HELPFUL TIP. If you don't have access to the word processing versions of this application and wish to submit the same application for multiple job titles, the following is a simple way to accomplish this. Complete an application, but leave the job applied for and signature sections blank. Each time you want to apply for a different job title, make a copy of this original and then fill in the job applied for and sign and date the copy.

AVAILABILITY

Under Work Schedules and Geographic Locations, indicate only those choices that are truly acceptable to you. Mark "Any" as a geographic location only if you are willing to move anywhere in the state to accept a job. You will be referred **ONLY** to job vacancies that match the Work Schedules and Geographic Locations you have indicated.

EDUCATION AND WORK HISTORY

In order that you receive the most accurate review of your qualifications, please be as detailed and specific as possible about the education and work experience related to the position for which you are applying -- the reviewer cannot assume any information that is not fully described in the application.

For work history, start with your present or last experience, and then work backward. Emphasize positions that are directly related to the job for which you are applying. You may wish to summarize other experience. Include unpaid or volunteer work, if applicable. Make sure that you clearly state your work experience so you demonstrate that you meet the minimum qualifications. Please do not assume that your previous job titles are sufficient descriptions of what your past jobs involved; describe in detail the duties you actually performed.

You are encouraged to include your resume with your application; however, do not substitute a resume in lieu of

fully completing the work history section (i.e., do not indicate "see attached"). Incomplete applications or resumes received without an application will not be accepted. If you cannot fit all your work experiences on this application, you may attach additional (8.5" x 11") sheets as long as you provide all the information requested in this section.

SIGNATURE

Be sure the application is signed and dated (unsigned applications are returned). **Make a copy for your files.** Do not submit work samples, letters of recommendation or other materials with the application. You may take such material with you to an employment interview.

SUBMITTING YOUR APPLICATION

Many state agencies recruit through their agency personnel offices. To ensure that your application reaches the right office, carefully follow the mailing instructions under "How to Apply" in the recruitment announcement. Faxed applications are accepted.

APPLICATION DEADLINE

Your application must be received (not postmarked) by the date indicated on the job announcement. Applications received after the deadline cannot be accepted.

VETERANS' PREFERENCE

Preference points will be added to the passing scores of eligible veterans of the United States Armed Forces, as provided in 20 V.S.A. 1543 and 3 V.S.A. 310(f). In general, an eligible veteran is any person who served in the United States Armed Forces for at least 90 days and was separated under Honorable or other acceptable conditions. Additional preference points may be claimed if you meet any of the following requirements: (1) a veteran with a service connected disability; (2) the spouse of a totally disabled veteran with a service connected disability; or (3) the unmarried widow or widower of a veteran. If you wish to claim the additional preference points, you must submit a copy of a letter of certification from the Veteran's Administration.

INDIVIDUALS WITH DISABILITIES

Any applicant with a disability who needs reasonable accommodation in the examination process, or information about the mandatory interview option, should contact the Department of Personnel. Prior arrangements and documentation are necessary before any exam accommodations.

Vermont Department of Personnel
Recruitment Services
144 State Street; Drawer 20
Montpelier, VT 05620-1701
(802) 828-3464 (voice) / (802) 828-5580 (fax) / (800) 640-1657 (Jobline)
VT/TTY Relay (800) 253-0191
e-mail: recruit@per.state.vt.us
Web site: <http://www.state.vt.us/pers>

STATE OF VERMONT EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please read the important instructions before completing this application. Type or print clearly in ink.

TITLE OF JOB APPLIED FOR (List one only; see instructions):	JOB CODE # : N/A
NAME (Last, First, M.I.):	SOCIAL SECURITY NUMBER: - -
MAILING ADDRESS:	HOME TELEPHONE:
CITY, STATE, AND ZIP CODE:	WORK (or Message) TELEPHONE:

STATEMENTS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any relative, any domestic partner, or any other person(s) residing with you, who is employed by the State of Vermont?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	In the past five years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of any law including motor vehicle violations? If "YES," give dates, details and penalties for each occurrence on an attached sheet (8.5" x 11") of paper.

WORK SCHEDULE

Check the type(s) of employment you are interested in.	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ALL
Check the shift(s) you are willing to work.	<input type="checkbox"/> DAY SHIFT	<input type="checkbox"/> EVENING SHIFT	<input type="checkbox"/> NIGHT SHIFT	<input type="checkbox"/> ANY SHIFT

GEOGRAPHIC LOCATIONS

Check the location(s) where you would accept employment.		
<input type="checkbox"/> ANY (ANY)	<input type="checkbox"/> MORRISVILLE (MOR)	<input type="checkbox"/> VERGENNES (VER)
<input type="checkbox"/> BARRE-MONTPELIER (BMT)	<input type="checkbox"/> NEWPORT (NEW)	<input type="checkbox"/> WATERBURY (WAT)
<input type="checkbox"/> BENNINGTON (BEN)	<input type="checkbox"/> PITTSFORD (PIT)	<input type="checkbox"/> WHITE RIVER JUNCTION (WRJ)
<input type="checkbox"/> BRATTLEBORO (BRT)	<input type="checkbox"/> RUTLAND (RUT)	<input type="checkbox"/> WINDSOR (WIN)
<input type="checkbox"/> BURLINGTON/ESSEX JCT. (BUR)	<input type="checkbox"/> ST. ALBANS (STA)	<input type="checkbox"/> WOODSTOCK (WOO)
<input type="checkbox"/> MIDDLEBURY (MID)	<input type="checkbox"/> ST. JOHNSBURY (STJ)	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SPRINGFIELD (SPR)	

VETERANS' PREFERENCE

Complete this section if you wish to claim Veterans' preference points. See Instructions for more information.

BRANCH OF SERVICE:	DATE OF ENTRY (M,D,Y)	DATE OF DISCHARGE (M,D,Y)
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OFFICE USE ONLY

DATA ENTERED _____ DATE _____	APPLICANT ID	DATE RECEIVED
<input type="checkbox"/> ACCEPTED (code) _____	<input type="checkbox"/> REJECTED (code) _____	REVIEWER/DATE _____
COMMENTS		

EDUCATION/TRAINING HISTORY

Do you have a high school diploma or GED certificate? YES NO If "NO", highest grade completed

List colleges, military, trade, nursing, business or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	NUMBER SEMESTER HOURS EARNED	GRADUATED (YES/NO)	DEGREE EARNED AND YEAR
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				
	FROM: TO:				

COURSE WORK (optional)

Please list any specific course work pertinent to the job title for which you are applying. Indicate the number of credits earned; put "G" if graduate credit.

COURSE WORK AREA	CREDITS	COURSE WORK AREA	CREDITS

LICENSE / REGISTRATION/ CERTIFICATE

List any required professional license, registration, certificate, Vermont Commercial Driver's License, etc.

DESCRIPTION	STATE	NUMBER	EXPIRATION

SPECIALIZED SKILLS AND KNOWLEDGE

List any skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.).

REFERENCES

Please list the names, titles or relationships, addresses, and phone numbers of three (3) individuals not related to you who have knowledge of your work qualifications and can serve as a reference for you.

NAME AND TITLE OR RELATIONSHIP	ADDRESS	PHONE

WORK HISTORY -- A RESUME WILL NOT SUBSTITUTE

Describe your work history below beginning with your current or most recent job. See Instructions for additional information.

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION: Years: Months:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					

YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					
YOUR JOB TITLE:		NAME OF EMPLOYER:		KIND OF BUSINESS:	
ADDRESS:			SUPERVISOR'S NAME AND PHONE:		
TOTAL TIME IN POSITION:	FROM (mo./yr.):	TO (mo./yr.):	HOURS PER WEEK:	LAST HOURLY PAY:	
Years:	Months:				
NUMBER AND JOB TYPES OF EMPLOYEES YOU SUPERVISED (if any):					
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
DUTIES (Describe in detail the duties you performed):					

SIGNATURE -- TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION

I certify that all information on this application is correct and complete to the best of my knowledge. I understand that the State may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (mo./day/yr.) Signature

RETURN THIS PAGE WITH YOUR JOB APPLICATION

EXAM SITE PREFERENCE

If there is a written exam, where would you prefer to be tested? (Check ONE location only).

The Department of Personnel office in Montpelier has the most frequent testing schedule. Other locations are Department of Employment & Training Career Resource Centers and testing availability is limited. If a position has an application deadline, you may be required to test in Montpelier. If you are required to appear for an examination, you will be notified of the time and place of the examination, generally with at least two week's notice.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Montpelier (BMT) | <input type="checkbox"/> Burlington (BUR) | <input type="checkbox"/> Newport (NW) | <input type="checkbox"/> St. Johnsbury (STJ) |
| <input type="checkbox"/> Bennington (BEN) | <input type="checkbox"/> Morrisville (MOR) | <input type="checkbox"/> Rutland (RUT) | <input type="checkbox"/> Out-of-state (OSS) |

REFERRAL SOURCE

Where did you learn about this employment opportunity?

- | | |
|---|--|
| <input type="checkbox"/> Department of Personnel Office | <input type="checkbox"/> A Friend or Relative |
| <input type="checkbox"/> Department of Personnel Jobline | <input type="checkbox"/> A State Employee |
| <input type="checkbox"/> DET Career Resource Center | <input type="checkbox"/> School Placement Office |
| <input type="checkbox"/> Other State Office | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Internet/Department of Personnel Web site |
| <input type="checkbox"/> Professional Magazine or Journal | <input type="checkbox"/> Other |

APPLICANT EEO SURVEY

The State of Vermont is an Equal Opportunity/Affirmative Action Employer. The information requested below is gathered to comply with Federal record keeping regulations and Equal Employment Opportunity/Affirmative Action requirements. You are not required to furnish this information; however, your cooperation is strongly encouraged and appreciated. The information on this form is CONFIDENTIAL and will be available only to authorized personnel for research and evaluation purposes. This page is separated from your application prior to review and destroyed after data entry.

WHAT IS YOUR GENDER?

- FEMALE MALE

DATE OF BIRTH

MONTH DAY YEAR

HOW DO YOU DESCRIBE YOURSELF?

- BLACK** (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE**: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER**: Persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- HISPANIC**: Persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture or origin, regardless of race.
- WHITE** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DO YOU HAVE A DISABILITY? (A disabled individual is any person who: (1) has a disability, which substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.)

- YES NO