



26 Thompson Drive  
Essex Junction Vermont 05452

t 802 857 4600  
f 802 857 4601

**Employment Application**

**Date Application Completed:**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Best time to call is between: \_\_\_\_ AM and \_\_\_\_ PM

May we contact you at work?  Yes  No .....If yes, call between: \_\_\_\_ AM and \_\_\_\_ PM

Work Number: (\_\_\_\_) \_\_\_\_\_

**Position Interest and Availability**

Position(s) Applying For: \_\_\_\_\_

Are you able to meet the attendance requirements of the position(s) listed above..... Yes  No

Date Available to Start: \_\_\_\_\_ Desired Salary Range: \$ \_\_\_\_\_

Type of Employment Desired (check all that apply)

- Full-Time  Part-Time
- Temporary  Open

Shift(s) Available to Work (check all that apply)

- E1 (6:50AM-7PM/Mon-Wed)  E2 (6:50AM-7PM/Thurs-Sat)
- E3 (6:50PM-7AM/Sun-Tues)  E4 (6:50PM-7AM/Wed-Fri)

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

**General Information**

Have you ever submitted an application with Autumn Harp Inc. before?  Yes  No.....When? \_\_\_\_\_

Have you employed by Autumn Harp Inc. before?  Yes  No.....Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you 18 years of age or older?  Yes  No.....Are you currently a student?  Yes  No

Are you legally eligible for employment in the US? .....  Yes  No

Would you be willing to take a pre-employment drug test? .....  Yes  No

Referral Source:  Advertisement (Please indicate where you saw the ad): \_\_\_\_\_  
 Employee/Relative/Other (Please list name/relationship): \_\_\_\_\_  
 Walk-in  Other: \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (please used additional sheets if necessary). Explain any gaps in employment in the comments section below.

DATES EMPLOYED		EMPLOYER	PHONE	SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES OF THE JOB
START	END	ADDRESS		
		STARTING TITLE/ENDING TITLE		
		IMMEDIATE SUPERVISOR AND TITLE		
MAY WE CONTACT FOR A REFERENCE?		REASON FOR LEAVING		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

DATES EMPLOYED		EMPLOYER	PHONE	SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES OF THE JOB
START	END	ADDRESS		
		STARTING TITLE/ENDING TITLE		
		IMMEDIATE SUPERVISOR AND TITLE		
MAY WE CONTACT FOR A REFERENCE?		REASON FOR LEAVING		
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<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

DATES EMPLOYED		EMPLOYER	PHONE	SUMMARIZE THE TYPE OF WORK PERFORMED AND RESPONSIBILITIES OF THE JOB
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		STARTING TITLE/ENDING TITLE		
		IMMEDIATE SUPERVISOR AND TITLE		
MAY WE CONTACT FOR A REFERENCE?		REASON FOR LEAVING		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**Comments** (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT)

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## Skills and Qualifications

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Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position(s) for which you are applying.

## Educational Background

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- A. List the last three (3) schools attended, starting with the most recent
- B. List number of years completed
- C. Indicate degree or diploma earned, if any
- D. Grade Point Average or Class Rank
- E. Major field of Study
- F. Minor Field of Study

SCHOOL ATTENDED	YEARS COMPLETED	DEGREE/DIPLOMA	GPA/CLASS RANK	MAJOR	MINOR

## References

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List name and telephone number of three business/work references that are *not* related to you.

NAME	TELEPHONE NUMBER	COMPANY/TYPE OF REFERENCE
1.	( )	
2.	( )	
3.	( )	

## Additional Information

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List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN CITIZENSHIP AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD
1.	
2.	
3.	

List special accomplishments, publications, awards, etc...

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN CITIZENSHIP AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you would like us to consider.

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## **Applicant Statement**

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I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable, local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand and acknowledge that any offer of employment made to me by Autumn Harp is contingent upon the satisfactory completion of the medical process, including but not limited to testing for the use of certain drugs.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_