

Town of Waitsfield

4144 Main Street, Waitsfield, VT 05673 | 802-496-2218 | www.waitsfieldvt.us/

APPLICATION FOR ROAD MAINTAINER POSITION

(an equal opportunity employer)

Application Date: _____

Applicant Name: _____
Last First Middle

Home Phone: _____ Mobile Phone: _____

Present Address: _____
Street City State Zip code

EQUIPMENT EXPERIENCE

Dump Truck	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years	Plowing	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years
Sanding/Salt	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years	Grader	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years
Excavator	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years	Backhoe	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years
Loader	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years	Tractor/Mowing	<input type="checkbox"/> No <input type="checkbox"/> Yes	___ # of Years

DRIVER EXPERIENCE

CDL License: _____
State Number Expiration Date

Class 'A' Yes No # of Years _____ Class 'B' Yes No # of Years _____

Class 'C' Yes 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? Yes No
If yes, explain the details (including specific violation, timeframe, etc.) _____

EMPLOYMENT HISTORY – LIST YOUR LAST THREE (3) EMPLOYERS

EMPLOYER NAME: _____ ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

EMPLOYER NAME: _____ ADDRESS: _____ TELEPHONE: _____ SUPERVISOR NAME: _____	START DATE: _____ STARTING PAY RATE: _____	END DATE: _____ FINAL PAY RATE: _____
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

EMPLOYER NAME: _____	START DATE: _____	END DATE: _____
ADDRESS: _____	STARTING PAY RATE: _____	FINAL PAY RATE: _____
TELEPHONE: _____		
SUPERVISOR NAME: _____		
YOUR JOB TITLE: _____		
WORK PERFORMED: _____		
REASON FOR LEAVING: _____		

Have you ever held a position that required DOT alcohol and/or drug testing? Yes No
 If yes, which job(s)? _____

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

EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
High School				
Trade, Business or Other School				
College				

