



# EMPLOYMENT APPLICATION

## Newport Parks & Recreation

222 Main Street • Newport, VT 05855  
 Tel. (802) 334-6345 • Fax (802)334-5632  
 www.NewportRecreation.org



PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY

Name:	
Mailing Address:	
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address (required):	

Position applied for:
Type of work desired:
Availability: <input type="checkbox"/> Full Time (40hrs) <input type="checkbox"/> Part-time: <input type="checkbox"/> Seasonal <input type="checkbox"/> After-school <input type="checkbox"/> Weekends
Do you plan to work elsewhere or attend school while working here?
Attached: <input type="checkbox"/> Resume <input type="checkbox"/> Cover-letter <input type="checkbox"/> List of references <input type="checkbox"/> Letter of recommendation <input type="checkbox"/> Other:
Why should we hire you?

### EDUCATIONAL BACKGROUND

Name of School	From: (MM/YY)	To: (MM/YY)	Highest Grade Completed	Major or Special Courses
Grade School:				
High School:				
Business or Trade School:				
College or University:				
Other:				
Military Branch:			Rank:	
Driver's License: <input type="checkbox"/> None <input type="checkbox"/> Learner's Permit <input type="checkbox"/> Junior Operator's License <input type="checkbox"/> Operator's License <input type="checkbox"/> Commercial Driver's License (CDL)				
Experience operating power equipment/machinery:				
Relevant certifications, trainings or special skills:				

**WORK & VOLUNTEER EXPERIENCE**

Most Recent Company:			
Start Date:	End Date:	Wage:	<input type="checkbox"/> Volunteer
Title:		Name of Supervisor:	
Duties:			
Reason for Leaving:			

Company:			
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Title:		Name of Supervisor:	
Duties:			
Reason for Leaving:			

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Title:		Name of Supervisor:	
Duties:			
Reason for Leaving:			

<p>If you've never had a paid job, do you have any other volunteer, coaching or babysitting experience that might give you relevant skills for this job?</p>
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**PRELIMINARY BACKGROUND CHECK**

Have you ever been convicted of a crime?  No  Yes, explanation:

**Vermont Criminal Information Center Vulnerable Populations Program**

**RELEASE:** I acknowledge and hereby grant permission to the City of Newport to conduct a preliminary record check through the Vermont Criminal Information Center and Sex Offender Registry. I understand that the results will show both felony and misdemeanor crimes and will be available to the City of Newport Recreation Department in determining my suitability for volunteering or employment. I further understand that I have the right to appeal the results of the criminal record check through Criminal Information Center at the Vermont Department of Public Safety.

Full Name:	Date of Birth:
Maiden or Alias Name(s):	
Signature:	Date:
Guardian Signature (if under 18):	Date:

**REFERENCES**

Name:	Relationship:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:

Name:	Relationship:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:

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Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email:

I certify that the information I have presented on this application is complete and accurate to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or during my interview could lead to immediate termination. I authorize the City of Newport to contact my previous employers and the references I have listed for the purpose of verifying the information I have provided on this application and to discuss the suitability of my employment for the City of Newport. I hereby release my former employers, their agents and employees from all claims, suits or liabilities whatsoever that may arise, related to their release of information requested by the City of Newport.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:**