



**STATE OF VERMONT**  
**TEMPORARY EMPLOYMENT APPLICATION**  
 An Equal Opportunity/Affirmative Action Employer

<b>TITLE OF JOB APPLIED FOR:</b>		
NAME (First, Middle, Last, Suffix (ex. Jr, Sr, II, III)):		
MAILING ADDRESS, CITY, STATE, ZIP CODE:		
HOME TELEPHONE:	WORK (or Message) TELEPHONE:	EMAIL ADDRESS: <input type="checkbox"/> home <input type="checkbox"/> business

STATEMENTS		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 16 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse, roommate, domestic partner, civil union partner, any relative of any of the foregoing, or any relative of yours work for the State of Vermont?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked, or applied for work, for the State of Vermont under another or different name?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever signed a legally binding agreement stating that you will not apply for or accept employment with any agency/department of the State of Vermont?

**VETERANS' PREFERENCE**

Complete this section if you wish to claim Veterans' Preference.

Please read the questions below to determine the answer that best fits your situation and make the appropriate selection. To be eligible for Veteran's Preference, the qualifying Veteran must have served on active duty in the United States Armed Forces for at least 90 days and been discharged under Honorable or other acceptable conditions.

Have you served on active duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you served on active duty AND have a service-connected disability of 10% or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a spouse of a totally disabled veteran with a service-connected disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an unmarried widow or widower of a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit your completed application to:	This section is for office use only.
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### EDUCATION & TRAINING

Do you have a high school diploma or equivalent?  YES  NO

List any college, vocational, military, trade, nursing or other schools attended.

NAME AND LOCATION OF SCHOOL ATTENDED	DATES ATTENDED	FIELDS OF STUDY (major, minor)	GRADUATED (YES / NO)	DEGREE EARNED	IF NOT GRADUATED, NUMBER OF CREDITS EARNED
	ENROLL DATE				
	LAST ATTENDED:				
	ENROLL DATE:				
	LAST ATTENDED:				
	ENROLL DATE:				
	LAST ATTENDED:				

### WORK HISTORY

Describe your work history below beginning with your current or most recent job.

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo / yr):	TO (mo / yr):	TELEPHONE NUMBER:	
<p><b>DUTIES:</b> Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.</p>			

YOUR JOB TITLE:	NAME OF EMPLOYER:		
ADDRESS:		CITY AND STATE:	
FROM (mo / yr):	TO (mo / yr):	TELEPHONE NUMBER:	
<p><b>DUTIES:</b> Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.</p>			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo / yr):	TO (mo / yr):	TELEPHONE NUMBER:	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo / yr):	TO (mo / yr):	TELEPHONE NUMBER:	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			

YOUR JOB TITLE:		NAME OF EMPLOYER:	
ADDRESS:		CITY AND STATE:	
FROM (mo / yr):	TO (mo / yr):	TELEPHONE NUMBER:	
DUTIES: Describe in detail the duties you performed or attach resume which describes the duties performed in the job. Include your supervisor's name and phone number.			

**LICENSES AND CERTIFICATES**

If you have any Licenses, Certificates, or Registrations, list them below

DESCRIPTION	DATE ISSUED	NUMBER	ISSUED BY

**TRAINING**

List any relevant training courses you have taken

COURSE TITLE	SCHOOL NAME	COMPLETION DATE

**REFERENCES**

List personal and professional references

NAME	TITLE	TYPE (Personal / Professional)	TELEPHONE

**TERMS AND AGREEMENTS**

**Direct Deposit**

All employees of the State of Vermont are required to receive their pay by Direct Deposit. As a condition of employment, you shall take the necessary steps to receive payment by electronic deposit. (For more information, see Section 101 of Act #4 of the Legislative Acts of 2009, and Personnel Policy 12.11 - Direct Deposit).

**Tax Compliance**

When an applicant for State employment is determined to be a finalist for a position, s/he will be provided a document to attest that s/he is in good standing with respect to all Vermont taxes due as of that date. The applicant's tax compliance will be verified with the Vermont Tax Department prior to any offer of employment. (For further information, see 32 V.S.A. Section 3113(i) and Personnel Policy 12.12 - Tax Compliance).

**Criminal Conviction History Declaration**

When an applicant for State employment is determined to be a finalist for a position, s/he will be provided a document to disclose and explain criminal history information, in addition to any background checks that may be required.

**Temporary Employment**

Temporary employment is not expected to be full-time. Temporary work is typically for variable hours. The State does not guarantee 40 hours of work per week.

**Submission of Application**

By submitting this application, I certify that all information I entered is correct and complete to the best of my knowledge. I understand that the State of Vermont may verify information, and that untruthful or misleading answers are cause for rejection of this application, or dismissal if employed with the State of Vermont

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Area(s) of Interest**

Check the employment area(s) of interest.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Auto/Diesel Mechanic    | <input type="checkbox"/> Road Maintenance     |
| <input type="checkbox"/> Structures     | <input type="checkbox"/> Traffic Research        | <input type="checkbox"/> Bridge Maintenance   |
| <input type="checkbox"/> Environmental  | <input type="checkbox"/> Right of Way/Survey     | <input type="checkbox"/> Materials & Research |
| <input type="checkbox"/> GIS            | <input type="checkbox"/> Highway Safety & Design | <input type="checkbox"/> Data Entry           |
| <input type="checkbox"/> Finance        | <input type="checkbox"/> Customer Service        |   |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Information Technology  | <input type="checkbox"/> Other: _____         |

**Geographic Locations**

Check the location(s) where you would accept employment.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any                   | <input type="checkbox"/> Morrisville   | <input type="checkbox"/> Springfield          |
| <input type="checkbox"/> Barre-Montpelier      | <input type="checkbox"/> Newport       | <input type="checkbox"/> Vergennes            |
| <input type="checkbox"/> Bennington            | <input type="checkbox"/> Pittsford     | <input type="checkbox"/> Waterbury            |
| <input type="checkbox"/> Brattleboro           | <input type="checkbox"/> Rutland       | <input type="checkbox"/> White River Junction |
| <input type="checkbox"/> Burlington/Essex Jct. | <input type="checkbox"/> St. Albans    | <input type="checkbox"/> Windsor              |
| <input type="checkbox"/> Middlebury            | <input type="checkbox"/> St. Johnsbury | <input type="checkbox"/> Other: _____         |

**Employment Status**

- Check the type(s) of employment you are interested in.
- |                                    |  |  |                                     |
|------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Internship (Paid) | <input type="checkbox"/> Internship (Academic credit only) | <input type="checkbox"/> Job Shadow |
|                                    | <input type="checkbox"/> Full Time         | <input type="checkbox"/> Part Time                         |                                     |

**Driver's License Status**

- Check the type(s) of driver's license you have.
- |   |                                |                                |                                     |
|---|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Valid Driver's License | <input type="checkbox"/> CDL-A | <input type="checkbox"/> CDL-B | <input type="checkbox"/> CDL Permit |
| <input type="checkbox"/> None of the above      | CDL Endorsements: _____        |                                |                                     |
|   | _____                          |                                |                                     |

PLEASE INCLUDE THIS WITH YOUR APPLICATION FOR TEMPORARY EMPLOYMENT AND RETURN THE COMPLETED FORM TO:

**Department of Human Resources**  
**Agency of Transportation**  
**1 National Life Drive**  
**Montpelier, VT 05633-5001**

Tel: 802.828-2625 Fax: 802.828.2894

Email: [AOT-HumanResourcesStaff@vermont.gov](mailto:AOT-HumanResourcesStaff@vermont.gov)

***Resumes & Cover Letters may also be included.***

**TEMPORARY APPLICATIONS ARE ONLY KEPT ON FILE FOR A PERIOD OF ONE YEAR**