

**TOWN OF VERSHIRE  
6894 VT RTE 113**

**<https://vershirevt.org/>**

**Job Application for Road Crew Worker (full time)**

Please print clearly or provide information on a separate page

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE (and best times to reach you): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EDUCATION/TRAINING - Please list relevant education, skills, training, certifications, licenses, and familiarity with trucks, grader, back hoe, snow plows, other vehicles. Continue on the back or submit a separate sheet of paper if needed.

REQUIRED: Pre-employment drug testing and proof of citizenship or right to work in the U.S. documentation.

AVAILABILITY: Must be willing to work a flexible schedule than can involve irregular hours, overtime, weekends, and holidays that adapt to weather conditions.

COMPENSATION: Commensurate with experience with a starting pay range of \$23-\$27/hr.

**EMPLOYMENT HISTORY (begin with current or most recent first)**

**EMPLOYER:**

**POSITION:**

**LOCATION:**

**SUPERVISOR & PHONE/EMAIL:**

DATES: from: to:

## RESPONSIBILITIES:

**REASON FOR LEAVING:**

MAY WE CONTACT THIS EMPLOYER? YES  NO

**EMPLOYER:**

**POSITION:**

**LOCATION:**

**SUPERVISOR & PHONE/EMAIL:**

DATES: from: to:

## RESPONSIBILITIES:

**REASON FOR LEAVING:**

MAY WE CONTACT THIS EMPLOYER? YES  NO

**EMPLOYER:**

**POSITION:**

**LOCATION:**

**SUPERVISOR & PHONE/EMAIL:**

DATES: from: to:

## RESPONSIBILITIES:

#### REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES  NO

## REFERENCES:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## QUESTIONS:

1. Do you have any health conditions that prevent you from doing physical labor and heavy lifting? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, use the back to explain.
2. Does the Town of Vershire have your permission to request your Motor Vehicle Driving History record? YES \_\_\_\_\_ (Provide CDL number); NO \_\_\_\_\_

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Name (signature)

Date

## Return Application to Town of Vershire

6894 VT RTE. Vershire VT. 05079

Drop box outside or fax: 802-685-1113

Or scan & send to: [admin@vershirevt.org](mailto:admin@vershirevt.org)