



P.O. Box 512
 Hardwick, VT 05843
 (802)472-8700 phone
 (802-472-8755 fax
 www.vermontnaturalcoatings.com
 work@vermontnaturalcoatings.com

Application for Employment

Date:

Applicant Information

Full Name: _____
Last First Middle
 Address: _____
Street City/Town State Zip
 Phone: _____ Email address: _____

Employment Desired

Position interest: Management Office/Accounting Packaging Production
 Date you can start: _____
 Are you currently employed? Yes No
 If so, may we contact your current supervisor? Yes No

Education History

| | Name & Location of School | Years attended | Did you graduate? | Major/subjects studied |
|------------------------------------|---------------------------|----------------|-------------------|------------------------|
| High school | | | | |
| College | | | | |
| Graduate, Trade or other schooling | | | | |

General Information

Subject of Special Study or Research: _____

 Special Training or Skills: _____

 What experience do you have with computers?: _____

 What experience do you have with liquid manufacturing? _____

Previous Employment

PLEASE LIST LAST FOUR EMPLOYER STARTING WITH THE MOST RECENT

| Date: Month/Year | Name and address of employer | Wage rate | Position | Reason for leaving |
|------------------|------------------------------|-----------|----------|--------------------|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

References

Please provide information below for three people not related to you, whom you have known at least one year

| Name | Relationship | Telephone | Business | Years known |
|------|--------------|-----------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |

Other information

AUTHORIZATION "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

Please return to: PO Box 512
190 Junction Road
Hardwick, VT 05843
(802)472-8700
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