



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

# EMPLOYMENT APPLICATION

*PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE*

DATE: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_  
(first) (middle) (last)

CURRENT ADDRESS: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip)

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) (street or box)

\_\_\_\_\_  
(city) (state) (zip)

LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_

AGE, IF UNDER 18: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

MOBILE TELEPHONE: \_\_\_\_\_

DESIRED POSITION: \_\_\_\_\_

DESIRED SALARY: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

PLEASE LIST ANY REGULAR TIMES DURING WHICH YOU ARE UNABLE TO WORK:

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
College				
Business or Trade School				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE?            \_\_\_ No            \_\_\_ Yes

DO YOU HAVE RELIABLE TRANSPORTATION?    \_\_\_ No            \_\_\_ Yes

Please list two personal references other than relatives and past employers:

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>NAME OF EMPLOYER:</b>		<b>NAME AND TITLE OF LAST SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>	<b>PAY OR SALARY</b>
<b>ADDRESS:</b>			<b>FROM</b>	<b>START</b>
<b>PHONE NUMBER:</b>			<b>TO</b>	<b>FINAL</b>
		<b>YOUR LAST JOB TITLE:</b>		
<b>REASON FOR LEAVING (BE SPECIFIC):</b>				
<b>LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS:</b>				

<b>NAME OF EMPLOYER:</b>		<b>NAME AND TITLE OF LAST SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>	<b>PAY OR SALARY</b>
<b>ADDRESS:</b>			<b>FROM</b>	<b>START</b>
<b>PHONE NUMBER:</b>			<b>TO</b>	<b>FINAL</b>
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<b>NAME OF EMPLOYER:</b>		<b>NAME AND TITLE OF LAST SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>	<b>PAY OR SALARY</b>
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<b>PHONE NUMBER:</b>			<b>TO</b>	<b>FINAL</b>
		<b>YOUR LAST JOB TITLE:</b>		
<b>REASON FOR LEAVING (BE SPECIFIC):</b>				
<b>LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS:</b>				

NAME OF EMPLOYER:  ADDRESS:  PHONE NUMBER:	NAME AND TITLE OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		FROM  TO	START  FINAL
YOUR LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS:			

NAME OF EMPLOYER:  ADDRESS:  PHONE NUMBER:	NAME AND TITLE OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		FROM  TO	START  FINAL
YOUR LAST JOB TITLE:			
REASON FOR LEAVING (BE SPECIFIC):			
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS, OR PROMOTIONS:			

May we contact your present employer?    \_\_\_ No            \_\_\_ Yes

*I understand that all of the information provided on this form will be kept confidential, and certify that, to the best of my knowledge, the above information is correct, and that any falsification may result in disciplinary action up to and including termination.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Any offer of employment is contingent upon satisfactory completion of USCIS Form I-9 and a background check consent form.**