

List in reverse chronological order (present or last first) any colleges, universities, technical, vocational and trade schools, and high schools attended:

SCHOOL	ADDRESS	DATES ATTENDED	MAJOR SUBJECTS	DIPLOMA / DEGREE If none No. Of Credits
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

C. EXPERIENCE

Describe below all previous work experience, with present or most recent employment first. Be certain to include any self employment, service in the armed forces, substantial volunteer work, and periods of unemployment. If you held more than one job with the same employer, list each separately.

1. **PRESENT OR MOST RECENT EMPLOYMENT -**

Name of firm: _____ Your Job title: _____
 Address: _____ Supervisor: _____
 Length of Employment - From: Month ____ Year ____ To: Month ____ Year ____
 May we contact this employer? yes no Reason for leaving: _____
 Summary of your duties and responsibilities:

2. **NEXT MOST RECENT EMPLOYMENT -**

Name of firm: _____ Your Job title: _____
 Address: _____ Supervisor: _____
 Length of Employment - From: Month ____ Year ____ To: Month ____ Year ____
 May we contact this employer? yes no Reason for leaving: _____
 Summary of your duties and responsibilities:

3. **NEXT MOST RECENT EMPLOYMENT -**

Name of firm: _____ Your Job title: _____
 Address: _____ Supervisor: _____
 Length of Employment - From: Month ____ Year ____ To: Month ____ Year ____
 May we contact this employer? yes no Reason for leaving: _____
 Summary of your duties and responsibilities:

TOWN / VILLAGE OF WOODSTOCK
P.O. BOX 488
WOODSTOCK, VT 05091

RELEASE AUTHORIZATION

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS,
PHYSICIANS, HOSPITALS, EMPLOYERS, EDUCATION AND OTHER INSTITUTIONS
AND AGENCIES WITHOUT EXCEPTION.

I, _____, am making application to the
Town / Village of Woodstock, Vermont. As a result, an investigation is being conducted to
determine my eligibility. Therefore, you are authorized to release to the Town / Village of
Woodstock or its representative any and all information, documentary or otherwise pertaining to
me, that they may request. A photostatic of this authorization will be considered as effective and
valid as the original.

Signature of Applicant

Date

Witness: _____