

***APPLICATION
FOR
EMPLOYMENT***

TOWN OF WYTHEVILLE
PO BOX 533
WYTHEVILLE, VIRGINIA 24382
Attention: Human Resources Department

PERSONAL

Position applied for _____ Referred by _____

Last Name _____ First _____ Middle _____

() - _____

Street Address _____ Home Phone _____

() - _____

City, State, ZIP _____ Business Phone _____

Pay Expectation _____ E-mail Address _____

Will you work overtime if asked? Yes No

If required, do you have a valid Driver's License? Yes No What State _____

Have you ever applied for employment with us? Yes No If Yes, Month and Year _____

How did you learn of our organization or job opening? _____

When will you be available to begin work? _____

May we contact your current employer? Yes No

EDUCATION

Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 _____

If you did not complete high school, do you have a GED? Yes No Date Received _____

Check number of years of post-high school education 1 2 3 4 5 6 7

Name and Location of Schools _____ Degree Received _____ Major/Minor _____

List special training or skill such as typing speed, shorthand speed, computer/software experience, certificate to practice a trade or profession _____

EMPLOYMENT

<hr/> Company Name	<hr/> () - Telephone
<hr/> Street Address, City, State, Zip	<hr/> From To Employed (month and year)
<hr/> Name of Supervisor	<hr/> Reason for Leaving
<hr/> State job title and describe your work	

<hr/> Company Name	<hr/> () - Telephone
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MISCELLANEOUS

- A. Are you willing to accept employment, which requires you to travel? No Yes If yes,
During the day only, occasionally overnight only, both during the day and occasionally overnight.
- B. Are you willing to work: during the day only, any shift other than day, any shift?
Are you willing to provide transportation if necessary for your employment? Yes No
Will you accept employment which is: Full-time Part-time Any
- C. For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of
Illegal Immigrants," are you eligible for employment in the United States? Yes No
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification
verifying that you are eligible to be employed and verifying your identity. (You are legally eligible for
employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S.
Department of Justice or U.S. Department of Labor)
- D. The Age Discrimination Employment Act of 1967 as amended prohibits discrimination on the basis of
age with respect to individuals who are over 40 and restricts mandatory retirement requirements, except
where age is a "bona fide occupational qualification."
- E. Title I of the Americans with Disabilities Act of 1990 prohibits discrimination on the basis of an
individual's disabilities and requires employers to reasonably accommodate the disabilities of qualified
applicants and employees, unless an undue hardship results.

- F. **REFERENCES: (Town Council Members and Town Employees may not be used as references).**
- | Name | Address | Phone | Relationship |
|-------|---------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

G. **CERTIFICATION**

I understand that the Town of Wytheville follows an employment-at-will policy, in that I, or the employer, may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, I must show the employer documents that will prove this if I am offered the job, and I must pass a pre-employment drug screening.

I understand that the Town of Wytheville will thoroughly investigate my work, and verify all data given on the application, or related papers, and in interviews. I authorize all individuals and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission, regardless of time of discovery, shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature

Date