

***APPLICATION  
FOR  
EMPLOYMENT***

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

**PERSONAL**

Position applied for \_\_\_\_\_ Referred by \_\_\_\_\_

Last Name                      First                      Middle                      Social Security No. (Optional)

(    )    -

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

(    )    -

City, State, ZIP \_\_\_\_\_ Business Phone \_\_\_\_\_

Pay Expected \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you over 18?  Yes  No                      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    Year Graduated \_\_\_\_\_

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

<u>Name and Location of Schools</u>	<u>Degree Received</u>	<u>Major/Minor</u>	<u>Dates</u>
<u>Attended</u>			

Years Completed

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

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## EMPLOYMENT

<hr/> Company Name	<hr/> ( ) - Telephone
<hr/> Address	<hr/> From                      To Employed (month and year)
<hr/> Name of Supervisor	<hr/> Start                      Finish Weekly Pay
<hr/> State job title and describe your work	<hr/> Reason for Leaving

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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. Have you ever been convicted\* of a law violation (s), including moving traffic violations  Yes  No  
If yes, please provide the following:

Description of offense: \_\_\_\_\_

Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ County, City, State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. (A conviction itself does not constitute an automatic bar to employment and will be considered as it relates to fitness to perform the job in question.)

E. 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."

F. 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.

G. **REFERENCES:** (Town Council Members and Town Employees may not be used as references).

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

I. **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, personal, criminal and motor vehicle record history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools, 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