

***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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If required, do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		What State _____
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**EDUCATION**

Check highest grade completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12   _____		
If you did not complete high school, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Received _____
Check number of years of post-high school education <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
<u>Name and Location of Schools</u>	<u>Degree Received</u>	<u>Major/Minor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
List special training or skill such as typing speed, shorthand speed, computer/software experience, certificate to practice a trade or profession _____		
_____		
_____		

**EMPLOYMENT**

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

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

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

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

**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