

***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? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 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 Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

EMPLOYMENT

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

<hr/>	() - Telephone
Company Name	
<hr/>	From To
Street Address, City, State, Zip	Employed (month and year)
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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