



APPLICATION FOR EMPLOYMENT

Please fill out all sections of this application. Incomplete applications may not be considered. Your application will be used as part of the certification process and, therefore, should represent your best effort.

POSITION APPLIED FOR _____ Date of Application _____
 (Give exact title)

PERSONAL INFORMATION

Name _____
 Last First Middle Name

Address _____
 Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

GENERAL INFORMATION

Are you 18 years of age or older? Yes No Note: If under age 16, you must obtain a work permit.

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

NOTE: Under this act you will be required to complete a certification verifying your eligibility to be employed and your identity. Further, you will be required to provide documentation to that effect within 3 days of employment.

On what date would you be available for work: _____ Rate of pay expected \$ _____

Virginia Code §15.2-1509 gives preference to an individual's status as an honorably discharged veteran of the armed forces of the US in its employment hiring policies and requirements for the available position. Additional consideration shall also be given to veterans who have a service connected disability rating fixed by the US Veterans Administration. Are you eligible to claim this preference? Yes No

Driver's License Number _____ Type (Indicate CDL) _____ State of Issuance _____

EDUCATION INFORMATION

Complete this section for all education received as a high school and college student.

Institution Type	Institution Name	City	State	Years Completed	Degree/Certificate	Major Area of Study	Secondary Area of Study
High School							
College or University							
Other Education							

Licenses & Certifications: List any additional license/certifications that may be applicable to this position.

License/Certification	Type	Issued By	Expiration Date

EMPLOYMENT DETAILS

Start with your present job and work back. Include military service, part-time and temporary employment, and relevant volunteer experience. Additional experience should be listed by attaching separate sheets. Be sure to include all requested information.

Dates: From _____ to _____	Employer Name _____	Type of Business _____
Job Title _____	Address _____	City, State, Zip Code _____
Supervisor Name _____	Job Responsibilities _____	
Supervisor Title _____		
Supervisor's Phone Number _____		
Average Hours Per Week _____	Salary/Pay Start \$ _____ per _____ Final \$ _____ per _____	
Reason for Leaving _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Employer's Phone Number _____	

Dates: From _____ to _____	Employer Name _____	Type of Business _____
Job Title _____	Address _____	City, State, Zip Code _____
Supervisor Name _____	Job Responsibilities _____	
Supervisor Title _____		
Supervisor's Phone Number _____		
Average Hours Per Week _____	Salary/Pay Start \$ _____ per _____ Final \$ _____ per _____	
Reason for Leaving _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Employer's Phone Number _____	

Dates: From _____ to _____	Employer Name _____	Type of Business _____
Job Title _____	Address _____	City, State, Zip Code _____
Supervisor Name _____	Job Responsibilities _____	
Supervisor Title _____		
Supervisor's Phone Number _____		
Average Hours Per Week _____	Salary/Pay Start \$ _____ per _____ Final \$ _____ per _____	
Reason for Leaving _____	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Employer's Phone Number _____	

REFERENCES

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		
Cell Phone _____		
E-mail Address _____		
Occupation _____		

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		
Cell Phone _____		
E-mail Address _____		
Occupation _____		

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		
Cell Phone _____		
E-mail Address _____		
Occupation _____		

SKILLS AND TRAINING

Use this space to list any additional information regarding your qualifications for this position.

ADDITIONAL INFORMATION

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
Yes No

Are you now employed by or have you ever worked for this organization? Yes No

Have you ever been discharged or asked to resign from any position? Yes No

If yes, explain: _____

The hiring process will include a background check. Any criminal history is not an automatic disqualifier and will be considered according to its relationship to job duties and requirements.

Note: For positions that require operation of Town vehicles, Town policy prevents the hiring of persons who have accumulated eight or more points on their DMV record in the past year or who have been convicted of a DUI/DWI offense in the past three years.

SOURCE OF REFERRAL

How did you learn about the position for which you are applying?

- Roanoke Times
- Roanoke.com
- Town of Blacksburg Website, www.blacksburg.gov
- Other Newspaper: (Name) _____
- Town of Blacksburg Job Line
- Town Employee
- Other: (Describe) _____

SUBMIT APPLICATION

Please read the following section carefully:

I have reviewed my application for employment and certify that all statements in the application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for terminating me if already employed. I authorize the release of any and all job-related information described in this application that the Town of Blacksburg may request, including DMV records. By submitting this application, I hereby release the Town of Blacksburg, its officers and employees from any and all liability resulting from (i) obtaining job-related information as authorized by this application and (ii) any employment decision based on this application.

Yes

Signature

Date

The Town of Blacksburg provides equal employment opportunity to all Town employees and applicants for employment on the basis of individual merit and qualifications and without regard to age, color, disability, genetic information (information about an individual and their family members' genetic tests and information about the manifestation of a disease or disorder), marital status, national origin, political affiliation, race, religion, sex (including gender expression, gender identity, sexual orientation, and pregnancy) or veteran status.

Completed applications must be received in the Human Resources Office by 5:00 p.m. on the closing date for the position. Submit applications to:

**Human Resources Office
Municipal Building
300 South Main Street
P.O. Box 90003
Blacksburg, Virginia 24062-9003
Fax: (540) 961-1822
Email: hr@blacksburg.gov**

EEO Survey

The information requested on the front and back of this form is needed to measure the effectiveness of the Town's Equal Employment Opportunity policy and to meet the reporting requirements of the related laws. **The information will be used for statistical purposes only.** This form will **not** remain with your application for employment.

Position Applied For		Date of Application	
Last Name		First Name	Middle Initial
Street Number			Apartment No.
City/Town	State	Zip Code	Home Phone No.
Birth Date		Sex- Male <input type="checkbox"/> Female <input type="checkbox"/>	
ETHNIC ORIGIN. Please check the <i>one</i> box which best describes your ethnic origin. <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Race/Ethnic Identification			

Town of Blacksburg
National Background Screening Consent Form

Please Print:

Applicant's **Legal** Name: _____

Social Security Number: _____ Date of Birth: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

I, _____ authorize and give consent for the above named

Organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained after receipt of your authorization and if you are offered employment with the Town of Blacksburg.

Print Name: _____ Date: _____

Signature: _____