

Town of Jonesville
Application for Employment
An Equal Opportunity Employer

All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Town of Jonesville at 276-346-1151.

Please print in ink (preferably black). Send application to: 842 Park Street Jonesville, VA 24263

1. Position applied for: _____

2. Social Security Number: _____

*Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment. *

3. Full Legal Name: _____
Last First Middle

4. Home Phone: _____

5. Business Phone: _____

6. Address: _____

7. Email Address: _____

8. Education:

a.) Check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Year completed: _____ Date received: _____

b.) If you did not complete high school, do you have a high school equivalency diploma? Yes No

c.) Check number of years post high school education: 1 2 3 4 5 6 7

Name and Location of Institution:	Hours	Degree Received	Major or Specialty	Minor	Dates

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. Experience: (Use supplementary experience forms for additional space. Starting with the most recent, describe ALL paid, Military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.)

May we contact your present supervisor? Yes No

a.) Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Type of Business: _____
Immediate Supervisor: _____ Number and Titles of Employees You Supervised: _____
Title: _____
Salary: _____ Equipment Used: _____
Dates: (m/y) _____ to (m/y) _____
Full-time: _____ Part-time: _____ Number of Hours Worked Per Week: _____
Reason for Leaving: _____ Name if Different from Present: _____

b.) Job Title: _____ Duties: _____
Employer: _____
Address: _____

Phone: _____
Type of Business: _____
Immediate Supervisor: _____ Number and Titles of Employees You Supervised: _____
Title: _____
Salary: _____ Equipment Used: _____
Dates: (m/y) _____ to (m/y) _____
Full-time: _____ Part-time: _____ Number of Hours Worked Per Week: _____
Reason for Leaving: _____ Name if Different from Present: _____

c.) Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

d.) License (include drivers), certificates, or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (licensing board)

10. References:

Name	Address	Phone	Relationship

11. Miscellaneous:

a.) Check which shift you will accept: Day Evening Night Rotating Weekends

b.) Check which job status you will accept: Full-time Part-time Specify: _____

c.) Check which employment status you will accept:

Salaried (Benefits) Hourly (Benefits) Part-time (no benefits)

d.) Are you willing to accept employment which requires you to travel? Yes No

If yes: During day only occasionally overnight frequently overnight

e.) List geographic locations in which you are willing to work. If anywhere in Virginia write "All":

f.) For purposes of compliance with The Immigration Reform and Control Act, are you legally 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. Further, you will be required to provide documentation to that effect should you be employed.

g.) Are you willing to provide your own transportation if necessary for your employment? Yes No

h.) Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the Commonwealth from employing a person who was required to present himself and submit to the Federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No

If no, state reason: _____

i.) For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a Veteran who Received an honorable discharge and served more than 180 consecutive days of full-time active duty in the U.S. Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? Yes No

If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No

j.) Have you ever been convicted* of any violation(s) of law, 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 and State of Conviction: _____

(For additional convictions, please 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. *

12. When will you be available to start work? _____ Month _____ Day _____ Year

13. **CERTIFICATION-** *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries contained, and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to employment in the service of the Town of Jonesville. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town of Jonesville to rely upon and use, as it sees fit, any information received from such contacts. Information contained on/in this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: _____ Applicant Signature: _____