



TOWN OF RICHLANDS, VIRGINIA
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER



All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin or handicap. The use of this form does not mean there are positions open and does not obligate us in any way.

PRINT
GENERAL INFORMATION

Date: _____
Telephone: _____

Name: _____
Last First Middle

Present Address: _____ How long have you lived there? _____
No Street City State

Position Applied For: _____

Previous Addresses within last 12 years: _____

Are you presently employed? Yes No If so, why do you want to change jobs? _____

Have you ever applied for a job with us before? Yes No If so, when and where? _____

Have you ever worked for us before? Yes No If so, when and where? _____

Are you over the age of 21? Yes No *If no, employment is subject to verification that you are of minimum legal age.*

If you are not a US citizen, have you the legal right to remain permanently in the US? Do you intend to remain permanently in the US
Yes No *If hired, applicant may be required to submit proof of citizenship.*

Have you ever been convicted of a crime for other than minor traffic violations? Yes No If yes, please explain: _____

Have you ever served a jail sentence? Yes No If yes, how long? _____

Do you have any kind of physical condition which may limit your ability to perform the job applied for? YES No
If yes, please explain: _____

How much time have you lost from work during the past year? _____

Do you have a valid driver or operator's license? Yes No If yes, what is the expiration date? _____
License Number: _____ Date of issue: _____

When are you available to start work? _____

To be answered if car ownership is a requirement of the job applied for: Do you own a car? Yes No

Can you think of anything else which would assist us in deterring your qualifications for employment? _____

Name and phone number of person to be notified in case of an emergency: Name: _____
Phone Number: _____

REFERENCES

(Do not list Relatives or Former Employers)

Name:		Address		Occupation	
Name:		Address		Occupation	
Name:		Address		Occupation	

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Number of Years Completed	Graduate? List Degrees
Elementary				
High School				
College				
Other				

EMPLOYMENT RECORD

(Start with most recent or present employer)

1. Name and Address of Employer(most recent)		
Immediate Supervisor(Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description	Date Left	Salary or Hourly Rate
Reason for Leaving		

2. Name and Address of Employer(most recent)		
Immediate Supervisor(Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description	Date Left	Salary or Hourly Rate
Reason for Leaving		

1. Name and Address of Employer(most recent)		
Immediate Supervisor(Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description	Date Left	Salary or Hourly Rate
Reason for Leaving		

Have You Ever been discharged from a job? Yes No Explain: _____

SERVICE IN THE U.S. ARMED FORCES

Have you served in the U.S. Armed Forces? Yes No If yes, date active duty started _____
Which Service? What Branch of that service?
Starting Rank? _____ Final Rank? _____
Date of Discharge? _____ Present Selective Service Classification _____ Reserve Status _____

Job Applicants Agreement and Certification

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree that if employed that I am to work faithfully and diligently, to be careful and avoid accidents, to arrive for work promptly, and I am not to be absent for any reason without prior notice to my supervisor.

I agree to be employed on a _____ Calendar day's probationary period and that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical examination whenever requested and, if employed, I agree to abide by all present and subsequent issued personnel policies and rules.

SIGNATURE

DATE

OFFICE USE ONLY

Possible Work Locations	Possible Positions

Work Location:	
Position:	
Date to Begin:	Rate: