

Application For Employment

Town of Stanley
P.O. Box 220
278 East Main Street
Stanley, Virginia 22851
540-778-3454 – Fax 540-778-1039
www.townofstanley.com

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please print or type)

Date of Application _____

Position(s) Applied For: _____

Referral Source: ☐ Advertisement ☐ Friend / Relative ☐ Walk-in ☐ Other

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Alternate Telephone Number () _____

If employed and you are under the age of 18, can you furnish a work permit? ☐ Yes ☐ No

Have you ever been employed for the Town ☐ Yes ☐ No Date: _____

Have you submitted an application to the town before? ☐ Yes ☐ No Date: _____

Are you employed now? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in the United States? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary / Seasonal

Are you on a lay-off subject to a recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant from employment.) ☐ Yes ☐ No

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

1.

Employer:	Telephone:	Dates Employed:	Work Performed:
		From :	
Address:		To:	
Job Title:		Hourly Rate/Salary	
Supervisor:		Starting:	
Reason For Leaving:		Final:	

2.

Employer:	Telephone:	Dates Employed:	Work Performed:
		From :	
Address:		To:	
Job Title:		Hourly Rate/Salary	
Supervisor:		Starting:	
Reason For Leaving:		Final:	

3.

Employer:	Telephone:	Dates Employed:	Work Performed:
		From :	
Address:		To:	
Job Title:		Hourly Rate/Salary	
Supervisor:		Starting:	
Reason For Leaving:		Final:	

4.

Employer:	Telephone:	Dates Employed:	Work Performed:
		From :	
Address:		To:	
Job Title:		Hourly Rate/Salary	
Supervisor:		Starting:	
Reason For Leaving:		Final:	

If additional space is needed, please continue on a separate sheet of paper.

Veteran of the U.S. Military Service? ☐ Yes ☐ No If yes, Branch _____

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held:

(Exclude those which indicate race, color, religion, sex, or national origin.) _____

List three references who are NOT related to you and are not previous employers:

	Name	Title / Business	Telephone Number
1.			
2.			
3.			

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with a physical or mental handicap:

Government contractors are subject to 38 USC 1202 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to VOLUNTEER this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will NOT jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Signed: _____

☐ Handicapped Individual

☐ Disabled Veteran

☐ Vietnam Era Veteran

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or education: _____

Education

	Elementary	High School	College/University	Graduate / Professional
School Name				
Years Completed: (Circle)	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by the Personnel Policy of the Town _____ in the event of employment.

SIGNATURE OF APPLICANT

DATE

For Personnel Department Use Only

Interview Date: _____ Interviewer: _____

Date of Employment: _____ Department: _____

Job Title: _____ Hourly Rate / Salary: _____