



**Full-time Clerk position** for the Town of Shenandoah, Virginia, with a starting salary of \$27,040 plus full benefits, including paid health insurance on the employee. The person hired by the Town Council will attend all regular and special meetings, take and type minutes, type correspondence and reports, assist daily customers in person, by phone, and email, obtain training (paid by Town) as required for the Virginia Freedom of Information Act to become the Town FOIA Officer, have or obtain Notary Public Certificate (paid by Town), attends and/or works events or meetings to represent the Town with evenings and some weekends required.

### **Requirements**

- Any combination of experience or education that demonstrates the ability to perform the duties. Computer experience is a must.
- Excellent written and oral communication skills.
- Experience in current computer software, office machines, including calculator.
- Ability to attend night meetings and occasionally travel to conferences and seminars.
- Must possess a valid Virginia Driver's License with a clean driving record.
- Ability to multitask and deal effectively and courteously with the public.
- Full job description is available at Town Hall.

Submit an application, along with a cover letter to: Town of Shenandoah/Clerk Position, 426 First Street, Shenandoah, VA, 22849. For more information visit Town Hall or telephone (540) 652-8164. Application Deadline: All applications must be received by no later than 5:00 p.m., on Friday, March 10, 2023. Previous applicants are encouraged to apply. EOE

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TOWN OF SHENANDOAH  
426 FIRST STREET  
SHENANDOAH, VA 22849

APPLICATION FOR EMPLOYMENT

The Town of Shenandoah is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_  Full Time  Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4 Diploma:  Yes  No G.E.D.:  Yes  No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Other Training or Degrees:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

This application for employment is good for 180 days only.  
Consideration for employment after 180 days requires a new application.

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_ State of Virginia License Number \_\_\_\_\_  
License Expiration Date \_\_\_\_\_ Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**SKILLS:**

Office: Data Entry \_\_\_\_\_  Excel or other spreadsheet \_\_\_\_\_  Database \_\_\_\_\_  
Typing speed \_\_\_\_\_ wpm.  
Word Processing \_\_\_\_\_  WordPerfect \_\_\_\_\_  MSWord \_\_\_\_\_ Other \_\_\_\_\_  
Other Software Skills \_\_\_\_\_

Have you ever been employed in any facility of the Town of Shenandoah?  Yes  No  
If so, please state facility name and location and dates of employment \_\_\_\_\_

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?  
 Yes  No

If yes, explain: \_\_\_\_\_  
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer?  Yes  No  
If any employment was under a different name, indicate name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ (Mo/Yr) To \_\_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ No. of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_ (Mo/Yr) To \_\_\_\_ (Mo/Yr)  
Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

REFERENCES:

Professional

Personal

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Shenandoah to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Shenandoah from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

**Shenandoah Police Department  
Authorization to Obtain Information**

I authorize the Shenandoah Police Department to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, personal references, professional references, previous employers, present employer, and other appropriate sources.

I authorize the release of any information the Shenandoah Police Department may request from the above sources. A copy of this release shall be as valid as the original document. I also understand and agree that all information received by the Shenandoah Police Department in connection with this application and background investigation is confidential and shall not be disclosed to me.

\_\_\_\_\_  
Applicant's Signature

Commonwealth of Virginia  
County of Page

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
(Name of applicant)

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.