



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: _____.