

# TOWN OF CHRISTIANBURG

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN INK OR USE A TYPEWRITER

Employees of the Town of Christiansburg and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender, age, genetic information or other characteristic protected by law. The Town of Christiansburg is a drug and alcohol free workplace. It is important that your application show all the relevant education and experience you possess. A completed application is required; a resume may be attached, but is not a substitute for a completed application. An incomplete or falsified application is grounds for immediate disqualification.

1. POSITION APPLIED FOR: \_\_\_\_\_

2. FULL LEGAL NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

3. ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
CITY STATE ZIP

4. PRIMARY PHONE: (\_\_\_\_) \_\_\_\_\_ 5. OTHER PHONE: (\_\_\_\_) \_\_\_\_\_

6. EMAIL: \_\_\_\_\_ 7. LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

**8. EDUCATION**

**A.** CIRCLE HIGHEST GRADE COMPLETED 5 6 7 8 9 10 11 12      **B.** CIRCLE NUMBER OF YEARS OF POST HIGH SCHOOL EDUCATION 1 2 3 4 5 6 7

**C.** IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, DATE RECEIVED \_\_\_\_\_

NAME & LOCATION OF INSTITUTION	HOURS	DEGREE RECEIVED	MAJOR OR SPECIALTY	DATES ATTENDED
1. _____				
2. _____				
3. _____				

**9. EXPERIENCE:** Starting with the most recent, describe your last three paid, military or applicable voluntary experiences. Add additional relevant experience as necessary (print extra sheets if not completed online). Highlight your knowledge, skills and abilities which best describe your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

HAVE YOU EVER WORKED FOR THE TOWN OF CHRISTIANBURG? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST DATES/JOB TITLE/DEPARTMENT/SUPERVISOR/REASON FOR LEAVING:

\_\_\_\_\_

MAY WE CONTACT YOUR PRESENT SUPERVISOR? YES \_\_\_\_\_ NO \_\_\_\_\_

Job Title:	Dates Employed		Duties
Employer:	<u>From</u>	<u>To</u>	
Address:			
Phone:	<u>Hourly Rate/Salary</u>		
Supervisor/Title:	Starting: \$ _____		
	Final: \$ _____		
Equipment Used:	Hours/Week:		
Reason for Leaving:	Your name if different from present:		

Job Title:	Dates Employed		Duties
Employer:	<u>From</u>	<u>To</u>	
Address:			
Phone:	<u>Hourly Rate/Salary</u>		
Supervisor/Title:	Starting: \$ _____		
	Final: \$ _____		
Equipment Used:	Hours/Week:		
Reason for Leaving:	Your name if different from present:		

# TOWN OF CHRISTIANBURG

## APPLICATION FOR EMPLOYMENT

Job Title:	Dates Employed		Duties
Employer:	<u>From</u>	<u>To</u>	
Address:			
Phone:	<u>Hourly Rate/Salary</u>		
Supervisor/Title:	Starting: \$ _____		
	Final: \$ _____		
Equipment Used:	Hours/Week:		
Reason for Leaving:	Your name if different from present:		

**A.** USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU THINK WOULD HELP US TO EVALUATE YOUR APPLICATION. INCLUDE TRAINING, SEMINARS, WORKSHOPS, SPECIAL ACHIEVEMENTS OR SPECIALIZED SKILLS

---



---



---

**B.** DRIVER'S LICENSE

TYPE	LICENSE NUMBER	EXPIRATION DATE	STATE
------	----------------	-----------------	-------

(NOTE: A COPY OF YOUR DRIVING RECORD WILL BE REQUIRED PRIOR TO EMPLOYMENT)

**C.** CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION

TYPE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSE BOARD)
------	----------------	-----------------	----------------------------

---



---

**10. REFERENCES – LIST NAMES, ADDRESSES, AND RELATIONSHIPS OF THREE PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS:**

NAME	ADDRESS	PHONE	RELATIONSHIP

**11. MISCELLANEOUS:**

- A.** CHECK WHICH JOB STATUS YOU WOULD ACCEPT: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_
- B.** 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.
- C.** ARE YOU A VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_ DATES \_\_\_\_\_

**12. WHEN WILL YOU BE ABLE TO START WORK? MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_**  
**NOTE: APPLICANTS WILL BE ASKED TO SIGN A RELEASE AND A COMPLETE CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED PRIOR TO FINAL OFFER OF EMPLOYMENT.**

**13. CERTIFICATION – EACH APPLICATION REQUIRES CURRENT DATE AND ORIGINAL SIGNATURE**

I HEREBY CERTIFY THAT ALL ENTRIES ON BOTH SIDES 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 ANY EMPLOYMENT IN THE SERVICE OF THE TOWN OF CHRISTIANBURG. I UNDERSTAND THAT ALL INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND I CONSENT TO REFERENCES, FORMER EMPLOYERS, LAW ENFORCEMENT AGENCIES AND EDUCATIONAL INSTITUTIONS BEING CONTACTED REGARDING THIS APPLICATION. I FURTHER AUTHORIZE THE TOWN OF CHRISTIANBURG TO RELY UPON AND USE, AS IT SEES FIT, ANY INFORMATION RECEIVED FROM SUCH CONTACTS. INFORMATION CONTAINED ON 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 TOWN MANAGER OR DESIGNEE.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

\*APPLICATIONS WILL NOT BE ACCEPTED UNLESS A JOB VACANCY HAS BEEN ANNOUNCED BY THE TOWN OF CHRISTIANBURG, AND JOB APPLICATIONS WHICH DO NOT INDICATE "POSITION APPLIED FOR" WILL NOT BE KEPT AND ARE DESTROYED IN ACCORDANCE WITH VIRGINIA PUBLIC RECORDS MANAGEMENT GUIDELINES. EMPLOYMENT APPLICATIONS FOR POSTED POSITIONS WILL BE KEPT ON FILE FOR A PERIOD OF THREE YEARS IN ACCORDANCE WITH VIRGINIA PUBLIC RECORDS MANAGEMENT GUIDELINES.

**TOWN OF CHRISTIANSBURG**  
**APPLICATION FOR EMPLOYMENT**

HOW DID YOU HEAR ABOUT THIS JOB OPENING?

*(This information is collected for internal marketing analysis purposes only. It will not be used to make hiring decisions, nor will it be shared with any third party.)*

Website/Job Board, please specify: \_\_\_\_\_

Newspaper/Magazine, please specify: \_\_\_\_\_

Virginia Employment Commission

Walk-in

Posting at Town Facility (e.g. Recreation Center, Aquatic Center, Town Hall)

Employee Referral

Other, please specify: \_\_\_\_\_