

# TOWN OF CHRISTIANSBURG

100 EAST MAIN STREET  
CHRISTIANSBURG, VA 24073

## 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 or age.

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

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_  
*(NOTE: Completion of number 2 is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security card will be required prior to employment)*

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

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

5. HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ 6. BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_

### 7. 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 SPECIALITY	DATES ATTENDED
--------------------------------	-------	-----------------	---------------------	----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

8. EXPERIENCE: Starting with the most recent, describe the last two paid, military and applicable voluntary experience. 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.

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

A. JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

DATES (mo/yr) \_\_\_\_\_ TO (mo/yr) \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT USED \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

YOUR NAME IF DIFFERENT FROM PRESENT \_\_\_\_\_

B. JOB TITLE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

DATES (mo/yr) \_\_\_\_\_ TO (mo/yr) \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_

DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EQUIPMENT USED \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

YOUR NAME IF DIFFERENT FROM PRESENT \_\_\_\_\_

