

# 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 \_\_\_\_\_

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

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D. DRIVERS LICENSE

TYPE

LICENSE NUMBER

EXPIRATION DATE

STATE

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

E. CERTIFICATE OR OTHER AUTHORIZATION TO PRACTICE A TRADE OR PROFESSION

TYPE

LICENSE NUMBER

EXPIRATION DATE

GRANTED BY (LICENSE BOARD)

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

NAME

ADDRESS

PHONE

RELATIONSHIP

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10. 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 \_\_\_\_\_

D. HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION(S), INCLUDING MOVING TRAFFIC VIOLATIONS BUT EXCLUDING OFFENSES COMMITTED BEFORE YOUR EIGHTEENTH BIRTHDAY WHICH WERE FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, LIST ALL AND EXPLAIN \_\_\_\_\_

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11. WHEN WILL YOU BE ABLE TO START WORK? MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

12. 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, REGARDLES OF TIME OF DISCOVERY, MAY CAUSE FORFEITURE ON MY PART TO ANY EMPLOYMENT IN THE SERVICE OF THE TOWN OF CHRISTIANSBURG. 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 CHRISTIANSBURG 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 CHRISTIANSBURG. IN ACCORDANCE WITH VIRGINIA PUBLIC RECORDS MANAGEMENT GUIDELINES, EMPLOYMENT APPLICATIONS WILL **NOT** BE KEPT ON FILE FOR FUTURE REFERENCE.