



# APPLICATION FOR EMPLOYMENT

Town of Wise 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 \_\_\_\_\_

**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.)

**This application for employment is good for 30 days only.**  
**Consideration for employment after 30 days requires a new application.**

**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 **Town of Wise**?     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 **Town of Wise** to verify their accuracy and to obtain reference information on my work performance. I hereby release **Town of Wise** 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: \_\_\_\_\_

NOTICE TO APPLICANTS  
FOR VACANT POSITIONS AVAILABLE

TOWN OF WISE

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

APPLICANT AGREEMENT

If an offer of employment is made by the Town of Wise, I understand that I may be required to submit to a medical examination, including a drug test, and understand that my subsequent employment may be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history, and that all such information will be retained by the examining physician in his/her confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

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Signature

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Date

# TOWN OF WISE

## POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

The Town of Wise, Virginia does not discriminate on the basis of disability in the admission or access to, or treatment or employment in its programs or activities.

Wise Town Manager, PO Box 1100, Wise, Virginia 24293 has been designated to coordinate compliance with the non-discrimination requirements contained in section 35.107 of the Department of Justice regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.



ADD:

FORM: DMV INFORMATION REQUEST (SAVED AS JOB  
APPLICATION INFO REQUEST)