

APPLICATION FOR EMPLOYMENT

TOWN OF WISE
501 W MAIN STREET
PO BOX 1100
WISE, VIRGINIA 24293

The Town of Wise is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, age, gender, gender identity/expression, sexual orientation, national origin, political affiliation, pregnancy, childbirth or related medical conditions, marital status, disability or status as a veteran.

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 _____
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 _____ Year Graduated: _____

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 the TOWN OF WISE? ___ Yes ___ No

If so, please state facility name and location and dates of employment _____

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)

Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From ___ (Mo/Yr) To ___ (Mo/Yr)

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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: _____

PROFESSIONAL REFERENCES ONLY:

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 WISE to verify their accuracy and to obtain reference information on my work performance. I hereby release the 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 TOWN OF WISE. 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 TOWN OF WISE 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.

Signature

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.

**TOWN OF WISE
AUTHORIZATION FOR RELEASE OF INFORMATION**

To: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veteran's Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a School, College, business, trade or High School or

Any past or present employer, to include employee personnel files, Credit Bureau or Retail Merchant's Association, Bank, Financial Institution or any other Credit Extending Agency or any other State, Federal, County or City Agency or Municipality and copies thereof.

I, _____
Print Name _____ Maiden Name _____

Social Security Number: _____

Address: _____
Street or Road _____ City or Town _____ State _____ Zip Code _____

have applied for employment with the Town of Wise. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Wise Police Department or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number, if any: _____

Veterans Administration Claim Number, if any: _____

Given under my hand this _____ day of _____, 20 _____.

Signature (sign before Notary only)

State of Virginia, County / City of _____

This day, _____ personally appeared before me and acknowledged
his / her signature to the above statement.

My commission expires on the _____ day of _____, 20 _____.

Notary Public

Notary Registration Number

Release of this information subject to this authorization is not in conflict with the Fair Credit Reporting Act, Public Law 91-508 nor Virginia Statutes relating to the Privacy Protection Act.

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) TOWN OF WISE POLICE DEPARTMENT			FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 54-6001686
ORGANIZATIONAL AFFILIATION (if any) TOWN OF WISE, VIRGINIA		TELEPHONE NUMBER (276) 328-9046	USE AGREEMENT NUMBER (if applicable)
STREET ADDRESS 501 WEST MAIN STREET		CITY WISE	
STATE VA	ZIP CODE 24293	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) EMPLOYMENT BACKGROUND CHECK			

SUBJECT INFORMATION		
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).		
SUBJECT FULL NAME (last, first, mi, suffix)		<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.
STREET ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION REQUESTED	
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)	
SUBJECT DRIVER LICENSE NUMBER	or SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check one) <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC	
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.	
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

<input type="checkbox"/> POLICE CRASH REPORT			
IMPORTANT NOTE: The Department may only release a full crash report to a person involved in the crash, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. Virginia Code § 46.2-379 permits the Department to release the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer to an individual authorized by federal or state law to obtain the information. You must supply the applicable federal or state statutory authority as part of your request.			
Check one or more boxes to indicate your involvement in the crash:			
<input type="checkbox"/> I was a DRIVER	<input type="checkbox"/> I was a PASSENGER	<input type="checkbox"/> I am a VEHICLE OWNER	
<input type="checkbox"/> I am the OWNER of property involved in the crash	<input type="checkbox"/> I legally REPRESENT an involved person	<input type="checkbox"/> I was injured	
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.			
<input type="checkbox"/> I am the next of kin of a person 18 years of age or older who was injured or killed in the crash.			
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which the person has applied for issuance or renewal of a policy of automobile insurance.			
<input type="checkbox"/> I am applying in accordance with VA Code § 46.2-379, I was NOT involved in the crash AND I do not legally represent an involved person.			
The applicable federal or state statutory authority for my request is: _____			
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	

INFORMATION REQUESTED (continued)

<input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)			
DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse	<input type="checkbox"/> Executor
		<input type="checkbox"/> Child	<input type="checkbox"/> Administrator

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of perspective clients.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

REQUESTER SIGNATURE	DATE (mm/dd/yyyy)
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OTHER INFORMATION (Be specific)

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT	<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT
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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____				
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Remarks/CSR Stamp</td> <td style="width: 30%;">Fee Charged</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	Remarks/CSR Stamp	Fee Charged		\$
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