



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. _____

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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: _____

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.

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.