

# TOWN OF MOUNT JACKSON Employment Application Form

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE

Please mail completed application to:  
P.O. BOX 487  
5901 Main St.  
Mt. Jackson, VA 22842

OFFICE USE ONLY:  
Date received:  
Reviewed by:

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at current address? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_YES \_\_\_NO, if "YES", can you provide proof of your eligibility to work? \_\_\_YES \_\_\_NO

Are you currently authorized to work in the United States? \_\_\_YES \_\_\_NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and wage desired (2) \_\_\_\_\_  
 (Be specific) No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY         PART-TIME ONLY         FULL- OR PART-TIME

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?  No     Yes    (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

OFFICE  
POSITIONS ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No PC  Mac  Other \_\_\_\_\_  
Skills \_\_\_\_\_

Please list two references other than relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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	Your Last Job Title		

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by, Town of Mt. Jackson, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,\_\_\_\_ or to confer any right to remain an employee of the Town of Mt Jackson, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Town of Mt. Jackson.\_\_\_\_ Both the undersigned and Town of Mt. Jackson may end the employment relationship at any time, without specified notice or reason.\_\_\_\_ If employed, I understand that the Town of Mt. Jackson may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_

I authorize investigation of all statements contained in this application.\_\_\_\_ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.\_\_\_\_ I hereby give the Town of Mt. Jackson permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Town of Mt. Jackson from any liability as a result of such contact.\_\_\_\_

I understand that, in connection with the routine processing of your employment application, the Town of Mt. Jackson may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.\_\_\_\_ Upon written request from me, the Town of Mt. Jackson, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.\_\_\_\_

I further understand that my employment with the Town of Mt. Jackson shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Town of Mt. Jackson is terminable at will for any reason by either party.\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Town of Mt. Jackson is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Town of Mt. Jackson depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.