

Employment (continued)

D. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. employees supervised by you _____

Employer or company _____ Address _____

Date Employed _____ Telephone No. _____

Date Separated _____ Duties _____

Full-time for: Years _____ Months _____

Part-time for: Years _____ Months _____

If part-time, number of hours worked per week _____ Reason for leaving _____

(Attach additional sheets if this does not account for your full record.)

References

Please do not list family relatives. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses. If we may contact by telephone, please list the appropriate number.

(a) Name _____ Address _____ Telephone No. _____

(b) Name _____ Address _____ Telephone No. _____

(c) Name _____ Address _____ Telephone No. _____

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the Town.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I also permit the Town of Abingdon to conduct a Police and Court Records investigation of my background.

I also authorize schools and other educational institutions which I may have attended to reveal my scholastic ratings to Town of Abingdon representatives who are investigating my educational background.

Signature _____ Date _____

Town of Abingdon
Employment Application
An Equal Opportunity / Affirmative Action Employer



133 West Main Street
P. O. Box 789

Abingdon, Virginia 24212

(276) 628-3167
Fax (276) 628-9986

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort.

Current Information

Position Applied For _____ Date _____

When will you be available for employment? _____ Are you seeking:
Full-time permanent Part-time permanent Temporary Summer work

NAME _____
Last First Middle

PRESENT ADDRESS _____
Street & No., RFD, or P. O. Box City State Zip

PERMANENT ADDRESS _____
Street & No., RFD, or P. O. Box City State Zip

TELEPHONE _____ If neither, where can you be reached? _____
Home Business

General Information (Attach additional sheet if need- _____)

a. Have you ever been employed with the Town of Abingdon? YES NO
If yes, what department and when? _____

b. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work? YES NO

c. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? YES NO
Comments _____

d. Are you related by blood or marriage to any Town employee? YES NO
If yes, give name, relationship and department _____

e. Have you ever been convicted of a felony? YES NO
If yes, please explain _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time offense, rehabilitation efforts, how recent the offense was, and nature of the crime will be taken into consideration.

f. If you are applying for a position as a Bus Driver, Public Safety Officer or another position involving significant driving, please list your driver's license number and the state where it was issued.

Education

Give your complete educational history below

Ending Date _____ Circle highest school year completed
1 2 3 4 5 6 7 8 9 10 11 12

High School _____
Name City State Month/Year

Have you received a high school diploma or equivalent? YES NO If yes, when? _____

Education Beyond High School	Name and Location	Attended				Circle Number Years Completed	Credit Hours	Degree or Diploma	Year Received	Major Subject
		From		To						
		Mo.	Yr.	Mo.	Yr.					
College or University										1 2 3 4
Graduate or Professional										1 2 3 4
Technical Inst., Internship, Other										1 2 3 4

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

- | | |
|-----------|-----------|
| (a) _____ | (f) _____ |
| (b) _____ | (g) _____ |
| (c) _____ | (h) _____ |
| (d) _____ | (i) _____ |
| (e) _____ | (j) _____ |

Employment

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Attach as many sheets as is necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Employer or company _____ Address _____
 Date Employed _____ Telephone No. _____
 Date Separated _____ Duties _____
 Full-time for: Years _____ Months _____
 Part-time for: Years _____ Months _____
 Reason for leaving _____
 If part-time, number of hours worked per week _____
 If you are currently employed, may we inquire of this employer about your qualifications and character? YES NO

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Employer or company _____ Address _____
 Date Employed _____ Telephone No. _____
 Date Separated _____ Duties _____
 Full-time for: Years _____ Months _____
 Part-time for: Years _____ Months _____
 Reason for leaving _____
 If part-time, number of hours worked per week _____

C. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ No. employees supervised by you _____
 Employer or company _____ Address _____
 Date Employed _____ Telephone No. _____
 Date Separated _____ Duties _____
 Full-time for: Years _____ Months _____
 Part-time for: Years _____ Months _____
 Reason for leaving _____
 If part-time, number of hours worked per week _____