

Please print in ink (preferably black)

No. of Attachments _____

Human Resource Office
P.O. Box 58
Staunton, VA 24402

CITY OF STAUNTON
An Equal Opportunity Employer
**APPLICATION
FOR EMPLOYMENT**



Employees of the City and all applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation to persons with disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 540-332-3825.

1. Position applied for _____
(one per application)

2. Social Security No. _____ (NOTE: Completion of # 2 is optional. Failure to submit social security number on this form will not prohibit consideration. Social Security number will be required on other forms prior to employment.)

3. Full Legal Name _____ 5. Home Phone _____
Last First Middle

4. Address _____ 6. Cell Phone _____

City State Zip 7. Business Phone _____

8. Email Address _____

9. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type License Number Granted by (licensing board)

10. EXPERIENCE -- Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? _____

PRESENT EMPLOYER _____ Dates From: _____ To: _____

Address _____ Phone No. _____ Ave. Wk Hrs. _____

Job Title _____ Salary Starting _____ Current Salary _____

Supervisor's Name _____ Reason for leaving _____

Duties _____

Equipment Used: _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application. Federal law prohibits unlawful discrimination on the basis of race, color, gender, age, national origin, religion, or disability.

<p>Check the block for the racial or ethnic group with which you identify:</p> <p><input type="checkbox"/> White (includes Arabian)</p> <p><input type="checkbox"/> Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)</p> <p><input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)</p> <p><input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)</p> <p><input type="checkbox"/> American Indians (includes Alaskans)</p>	<p>Check the block for highest level of education you have completed (check only one):</p> <p><input type="checkbox"/> Less than 8th grade</p> <p><input type="checkbox"/> Completed 8th grade</p> <p><input type="checkbox"/> Attended High School</p> <p><input type="checkbox"/> High school graduate or equivalent</p> <p><input type="checkbox"/> Attended college and/or associate degree</p> <p><input type="checkbox"/> College graduate</p> <p><input type="checkbox"/> Attended graduate school</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Graduate study beyond master's requirements</p> <p><input type="checkbox"/> Ph.D or professional degree</p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Please indicate your date of birth: _____</p> <p>Position applied for: _____</p> <p>Social Security No. _____</p> <p>FOR OFFICE USE ONLY</p> <p>EEO Category: _____</p>
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10. **EXPERIENCE** (Continued)

EMPLOYER _____ Dates From: _____ To: _____
 Address _____ Phone No. _____ Ave. Wk Hrs. _____
 Job Title _____ Salary Starting _____ Ending Salary _____
 Supervisor's Name _____ Reason for leaving _____
 Duties _____

 Equipment Used: _____

NOTE: USE SUPPLEMENTAL FORM FOR ADDITIONAL EMPLOYMENT HISTORY IF NEEDED

1. REFERENCES

List names, addresses, and relationships of three persons not related to you who knew your qualifications.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. MISCELLANEOUS

- a. Check which job status you would accept: Full Time _____ Part Time (specify) _____
- b. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 _____ Yes _____ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- c. Section 2.2-2903 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the City of Staunton from employing a person who is required to present himself and submit to the federal Selective Service registration Requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? _____ Yes _____ No.
 If no, state reason: _____
- d. For purposes of compliance with Section 2.2.-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the armed forces, or reserve components thereof, including the National Guard?
 _____ Yes _____ No. If yes, did you serve during the Vietnam Conflict (2/28/61 – 3/7/75)? _____ Yes _____ No.
- e. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ___Yes ___No IF YES, please provide the following:
 Description of offense:
 Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)
 *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

3. CERTIFICATION Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on application and attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the City of Staunton. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and education institutions listed being contacted regarding this application. I further authorize the City to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated on a need-to-know basis for good cause shown as determined by the City Manager or their designee.

Date _____ Applicant's Signature _____

(DO NOT WRITE IN THIS AREA)