APPLICATION FOR EMPLOYMENT

Town of Chilhowie
Chilhowie, Virginia

TITLE: MR.☐ MRS.☐ MS.☐ MISS☐ DATE: _____

NAME: _____ EMAIL ADDRESS._____
Last First Middle

PRESENT ADDRESS _____ TELEPHONE NO_____
No. and Street City State Zip

POSITION(S) APPLIED FOR_____ RATE OF PAY EXPECTED $ _____

WOULD YOU WORK FULL-TIME ☐ PART-TIME ☐ SPECIFY DAYS AND HOURS IF PART-TIME _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes ☐ No ☐

ARE YOU A CITIZEN OF THE UNITED STATES AND ELIGIBLE FOR EMPLOYMENT AS SUCH? Yes ☐ No ☐

WERE YOU PREVIOUSLY EMPLOYED BY TOWN OF CHILHOWIE? Yes ☐ No ☐ IF YES, WHEN _____

LIST ANY RELATIVES WORKING FOR THE TOWN OF CHILHOWIE _____

WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE TOWN OF CHILHOWIE?

_____

_____

_____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check last year Completed				Did you Graduate	List Diploma or Degree
High School			9 ☐	10 ☐	11 ☐	12 ☐	Yes ☐ No ☐	
College			1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐ No ☐	
Graduate			1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐ No ☐	
Other			1 ☐	2 ☐	3 ☐	4 ☐	Yes ☐ No ☐	

List below all present and past employment beginning with your most recent

1. Dates of Employment From: To:	Job Title:		Number of Persons Supervised:
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			
2. Dates of Employment From: To:	Job Title:		Number of Persons Supervised:0
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			
3. Dates of Employment From: To:	Job Title:		Number of Persons Supervised:0
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			

4. Dates of Employment From: To:	Job Title:	Number of Persons Supervised:	
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			

5. Dates of Employment From: To:	Job Title:	Number of Persons Supervised:	
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			

6. Dates of Employment From: To:	Job Title:	Number of Persons Supervised:	
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes ☐	If no, why not?		
Description of Duties:			

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES ☐

IF NOT, INDICATE WHICH ONES WE MAY NOT:

Have you ever been employed by Town of Chilhowie? Yes ☐ No ☐		If yes, answer questions below.
A. Dates of Employment From: To:	Position Held:	
Reason for Leaving:		

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

In submitting this application for employment, I authorize investigation of all statements contained therein. I hereby authorize Town of Chilhowie to make any contacts considered necessary to my employment, such as previous employers, references, and/or criminal records. It is understood and agreed that any misrepresentations or omissions by me in this application will be sufficient cause for rejection of the application and/or for separation from Town employment.

I understand that this application is the property of Town of Chilhowie and will become part of my personnel file if I am accepted for employment. I hereby certify that all information contained in this application is true to the best of my knowledge.

_____ _____

Applicant's Signature Date

Sign and return application with resume to:

Town of Chilhowie
P.O. Box 5012
325 Lee Highway
Chilhowie, Virginia 24319