

APPLICATION FOR EMPLOYMENT



Town of Mineral

Post Office Box 316
312 Mineral Avenue
Mineral, VA 23117

Phone 540-894-5100 Fax 540-894-4446
Email: clerk_treasurer@townofmineral.net

POSITION APPLIED FOR:		
Name _____		
Last	First	Middle

DATE: _____
Social Security & Driver's License Numbers: _____
Date of Birth _____

Address _____				
Number	Street	City	State	Zip

Phone Numbers: Home () _____
Work () _____

Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.	Yes	No
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Are you employed now	Yes	No	Date you can start _____
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Education: Do you have a high school diploma (G.E.D.)	Yes	No	If yes, year received _____
Name and location of college, trade or business school attended: _____			
Future Education: _____			

References:		
Name _____	Home Phone # _____	Work Phone # _____
Business: _____	Address _____	Yrs. Acquainted _____
Name _____	Home Phone # _____	Work Phone # _____
Business: _____	Address _____	Yrs. Acquainted _____
Name _____	Home Phone # _____	Work Phone # _____
Business: _____	Address _____	Yrs. Acquainted _____

PLEASE READ CAREFULLY	
APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts contained in this employment application are true and complete to the best of my knowledge and I have not omitted any information. I understand that if employed, falsified statements or omission of information may result in dismissal. You are hereby authorized to make any investigation of my personal history, financial, credit and criminal record(s) through any investigative or credit agencies or bureaus of your choice, now and through the course of my employment. I give my consent, if required, for Drug and Alcohol Abuse testing and fingerprinting for criminal record investigation and use of the results in determining employment with the Town. I understand that I can terminate employment with or without cause and with or without notice at any time ant that Town has the same right.</p>	
_____ Applicant's Signature	_____ Date

Employment History

List last 10 years of employment history starting with your present or most recent position. Include all relevant paid, non-paid, volunteer, and military experience. List promotions as separate jobs. Resume **CANNOT** substitute for completion of this page. May we contact your current employer? Yes No

Name and Address of Employer		Dates Employed: From Month/Yr. To Month/Yr.	Salary/Earnings: Starting \$ ____ Per ____ Ending \$ ____ Per ____
Exact Title of your position	Name of Immediate Supervisor Area Code – Number _____		Reason for Leaving
Description of work: _____ _____ _____			

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Operator's License: _____ State _____

Has your operator's license ever been suspended or revoked?

If yes, date: _____ Jurisdiction: _____

Have you ever been convicted of driving while your license was suspended or revoked? _____

Jurisdiction: _____

Have you ever been convicted of any type of alcohol or drug related driving offense? _____

If yes, where and when? _____

Have you ever held an operator's license in another state? _____

Furnish information on any summons or arrests, including any traffic violations as a juvenile or adult:

Date _____ Charge/Violation _____ Location _____ Disposition _____

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Drug Use:

Have you ever, as a juvenile or adult, experimented or used any type of illegal substances or drugs including marijuana, cocaine, hallucinogens, etc.? _____ List type of drug(s) when, what age and what level of use.
Explain: _____

Police Record:

Have you or any member of your family been convicted of a felony? _____ If yes, explain in detail _____

Have you ever been arrested or detained by the police? _____

Explain: _____

Financial Status

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgment against you?
_____ If yes, note the time period and circumstances: _____

Certification:

I certify that the information that I have provided is true and correct, and no attempt has been made to conceal pertinent information. I understand that this information is subject to verification at a later date.

Signature of Applicant: _____ Date: _____

THIS FORM MUST BE SUBMITTED WITH YOU APPLICATION IN ORDER FOR YOUR APPLICATION TO BE PROCESSED BY THE TOWN OF MINERAL