



Town of Warsaw, Virginia Application of Employment

78 Belle Ville Lane
P.O. Box 730
Warsaw, VA 22572
Phone: (804) 333-3737
Fax: (804) 333-3104
www.townofwarsaw.com

Position Applied for: _____ Date of Application: _____
Date available to start work: _____

Personal Information

Name: _____

Last First Middle/Suffix

Address: _____

Street City State Zip

Telephone: () () ()

Home Work Cell

Email Address: _____ SS#: _____

Maiden/Other Name(s) Used: _____

Are you 18 years old or older? Yes No

Are you a U.S. Citizen? Yes No If No, Naturalization #: _____
Offers of employment require proper identification and documentation of eligibility for employment in the U.S.

Have you worked for the Town of Warsaw before? Yes No If yes, dates: _____

Do you have a valid Virginia Drivers License? Yes No If yes, type? _____

Have you been convicted of a crime? Yes No A conviction does not automatically mean that you cannot be employed. The nature and date of offense will be considered. Please supply court date, offense and sentence for each conviction.

Education and Training

School	Name and Location	Course of Study	Check last year completed	Did you Graduate
High School			1 2 3 4	<input type="checkbox"/> Yes
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No
College			1 2 3 4	<input type="checkbox"/> Yes
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No
Other			1 2 3 4	<input type="checkbox"/> Yes
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No

Use this space to give any special qualifications relevant to the position for which you are applying that are not covered elsewhere on this application (such as professional license or certificate; skills in operation of machines or equipment; technical skills; or other special training).

Work Experience (List below your three previous employers beginning with the most recent)

Name of employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Telephone: () _____ Email address: _____

Job title: _____ Dates of employment: _____

Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
(hour, annual) (hour, annual)

Description of duties: _____

Reason for leaving: _____

May employer be contacted for a reference? Yes No

Name of employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Telephone: () _____ Email address: _____

Job title: _____ Dates of employment: _____

Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
(hour, annual) (hour, annual)

Description of duties: _____

Reason for leaving: _____

May employer be contacted for a reference? Yes No

Name of employer: _____ Immediate Supervisor: _____

Address: _____
Street City State Zip

Telephone: () _____ Email address: _____

Job title: _____ Dates of employment: _____

Starting Salary: _____ Per: _____ Ending Salary: _____ Per: _____
(hour, annual) (hour, annual)

Description of duties: _____

Reason for leaving: _____

May employer be contacted for a reference? Yes No

Please describe any additional experience, activities, accomplishments (paid or volunteer) that are relevant to the position for which you are applying.

Professional References

Name: _____

Address: _____

Telephone: () _____ Email address: _____

Street

City

State

Zip

Name: _____

Address: _____

Telephone: () _____ Email address: _____

Street

City

State

Zip

Name: _____

Address: _____

Telephone: () _____ Email address: _____

Street

City

State

Zip

#

Important: You must sign this application. Read the following carefully before you sign.

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at decisions regarding my employment.
- I understand that this application is not intended to be a contract of employment.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand also that I am required to abide by all rules and regulations of the Town of Warsaw.

Signature of Applicant

Date

Authorization to Obtain Information

I authorize the Town of Warsaw, Virginia to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police record, Department of Motor Vehicles record, personal and professional references, previous employers, physicians, medical record, and other appropriate sources.

Signature of Applicant

Date

(Authorizing the release of any information that the Town of Warsaw may request from the above sources)

Printed Name

State of Virginia, Town/City of _____

On this _____ **day of** _____ **Year**
Day Month

_____ Whose name is signed on the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

My commission expires _____ **Notary** _____

The Town of Warsaw does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.