

TOWN OF VINTON, VIRGINIA

APPLICATION FOR EMPLOYMENT

311 S. Pollard Street Vinton, Virginia 24179

An Equal Opportunity Employer

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.

Position App	lied For:			Date:			
Name:				Soci	al Security No:		
	(Last)	(First)	(Middle)		<u> </u>		
Address:					Telephone No	·	
	Street	or PO Box and Apt. N	No.				
				E-M	ail Address:		
(City) (S	tate)	(Zip Code)				
			tates? Yes No			and Control Act of 1986, you the United States.)	
Have you eve	er been employed v	vith us? Yes	No	If yes, when?			
	•						
	IF YOU ARE APP	LYING FOR A POS	ITION THAT REQUIR	ES DRIVING VEH	ICLES, COMPLETE	THIS SECTION	
Do you have	a valid driver's lic	ense? Yes	_ No	Commercial I	Driver's License? Y	Yes No	
Have you bee	en convicted of a tr	affic violation wi	thin the last five year	rs? Yes	No		
Nature of Vie	olation:						
EDUCATIO	N: Circle the high	est grade complete	ed. 1 2 3 4 5	6 7 8 9 10	11 12	Year	
If you did no	t complete high scl	nool, do you have	a high school equiva	alency diploma?	☐Yes ☐No Dat	e Received	
	School Name Location		m To	Date Graduated	Degree/ Certificate	Major Area of Study	
College or							
University							
, <u> </u>							
Other Education							
Laucation		<u> </u>					
Describe any	skills you posses	ss or specialized	training/achievemen	nts you have had	d which you belie	ve would be relevant to the	
position for v	which you are apply	ving.					

EXPERIENCE: List below all present and past employment or volunteer experience, beginning with your most recent position. Include military service, part-time and temporary employment.

Employer:	Dates Employed		Work Performed
Address:	From	<u>To</u>	
Telephone No.			
Position/Title:	Hourly Ra	-	
Supervisor:	Starting: \$ Final: \$		
	- T.III		
Reason for Leaving:		May we contact?	Yes No
Employer:	Dates Er	nployed	Work Performed
Address:	<u>From</u>	<u>To</u>	
Telephone No.			
Position/Title:	HourlyRa	-	
Supervisor:	Starting: \$ Final: \$		
Supervisor.	Ψ		
Reason for Leaving:		May we contact?	? ? \square Yes \square No
Employer:	Dates Er	nployed	Work Performed
Employer: Address:	Dates Er From	nployed <u>To</u>	Work Performed
Address:			Work Performed
Address: Telephone No.	From Hourly Ra	To	Work Performed
Address: Telephone No. Position/Title:	From Hourly Ra Starting: \$	To	Work Performed
Address: Telephone No. Position/Title: Supervisor:	From Hourly Ra	To	Work Performed
Address: Telephone No. Position/Title:	From Hourly Ra Starting: \$	To	
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving	From Hourly Ra Starting: \$	tte/Salary May we contact?	
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving Employer:	From Hourly Ra Starting: \$ Final: \$	tte/Salary May we contact?	y □Yes □No
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving Employer: Address:	From Hourly Ra Starting: \$ Final: \$ Dates Er	To Ite/Salary May we contact?	y □Yes □No
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving Employer: Address: Telephone No.	From Hourly Ra Starting: \$ Final: \$ Dates Er From Hourly Ra	May we contact? To To To To To To	y □Yes □No
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving Employer: Address: Telephone No. Position/Title:	Hourly Ra Starting: \$ Final: \$ Dates Er From Hourly Ra Starting: \$	May we contact?	y □Yes □No
Address: Telephone No. Position/Title: Supervisor: Reason for Leaving Employer: Address: Telephone No.	From Hourly Ra Starting: \$ Final: \$ Dates Er From Hourly Ra	May we contact? To To To To To To	y □Yes □No

You may attach additional information if you desire and this section of the application may be reproduced as necessary, if additional space is needed. Account for all periods of unemployment. Include all information on the application and <u>not</u> on an attached resume.

	nile adjudications for Capital Murder, F ge fourteen (14) to eighteen (18) when c		er, Lynching, or Aggravated
Are any criminal charges or proceed	dings pending against you?	□No	
	REFERENCES		
List three persons not related to you	and who have knowledge of your quali	ications or your character.	
Name & Occupation	Address	Telephone #	Relationship
1.			
2.			
3.			
	ck of your qualifications, character, record		
Yes No If I	No, please explain		
	ATTENTION – This statement	must be signed.	
	ereby certify that all entries submitted is sufficient cause for rejection of the ap		
I understand that all information or	the application is subject to verification rstand that I may be required to pass a particle of the control of t		loyment drug screening, and

TOWN OF VINTON, VIRGINIA

EQUAL EMPLOYMENT OPPORTUNITY DATA

Applicants for employment are considered for all positions without regard to race, color, religion, national origin, sex, age, veteran status, or disability.

As a local government employer, we comply with government and equal employment regulations. Please assist us in complying with government record-keeping reporting and other local requirements by completing the questions listed below. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. The information you supply is voluntary and will not be used for employment purposes.

Posit	ion Applied For:	Date:
Chec	ck One:	
Date	of Birth:	
ETHN	NIC ORIGIN – Please check one of the following that bes	t describes your ethnic origin.
	White (includes persons of Arabian descent)	
	Black (includes Jamaican, Bahamian and other Caribbe Arabian descent)	eans of Africa but not Hispanic or
	Hispanic (includes persons of Mexican, Puerto Rican, Cuother Spanish origin or culture)	ban, Central or South American or
	American Indian/Alaskan Native	
	Asian and Asian American (includes Pakistanis, Indians a	nd Pacific Islanders)
Checl	k if any of the following are applicable:	
	☐ Disabled ☐ Veteran	