



TOWN OF RICHLANDS, VIRGINIA
APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER



All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin or handicap. The use of this form does not mean there are positions open and does not obligate us in any way.

PRINT
GENERAL INFORMATION

Date: _____
 Telephone: _____

Name: _____

Present Address: _____
Last First Middle
No Street City State How long have you lived there? _____

Position Applied For: _____

Previous Addresses within last 12 years: _____

Are you presently employed? Yes No If so, why do you want to change jobs? _____

Have you ever applied for a job with us before? Yes No If so, when and where? _____

Have you ever worked for us before? Yes No If so, when and where? _____

Are you over the age of 21? Yes No *If no, employment is subject to verification that you are of minimum legal age.*

If you are not a US citizen, have you the legal right to remain permanently in the US? Do you intend to remain permanently in the US
 Yes No *If hired, applicant may be required to submit proof of citizenship.*

Have you ever been convicted of a crime for other than minor traffic violations? Yes No If yes, please explain: _____

Have you ever served a jail sentence? Yes No If yes, how long? _____

Do you have any kind of physical condition which may limit your ability to perform the job applied for? YES No
 If yes, please explain: _____

How much time have you lost from work during the past year? _____

Do you have a valid driver or operator's license? Yes No If yes, what is the expiration date? _____
 License Number: _____ Date of issue: _____

When are you available to start work? _____

To be answered if car ownership is a requirement of the job applied for: Do you own a car? Yes No

Can you think of anything else which would assist us in deterring your qualifications for employment? _____

Name and phone number of person to be notified in case of an emergency: Name: _____
 Phone Number: _____

REFERENCES

(Do not list Relatives or Former Employers)

| | | | | | |
|-------|--|---------|--|------------|--|
| Name: | | Address | | Occupation | |
| Name: | | Address | | Occupation | |
| Name: | | Address | | Occupation | |

EDUCATION

| Type of School | Name and Address of School | Courses Majored In | Number of Years Completed | Graduate? List Degrees |
|----------------|----------------------------|--------------------|---------------------------|---------------------------|
| Elementary | | | | |
| High School | | | | |
| College | | | | |
| Other | | | | |

EMPLOYMENT RECORD

(Start with most recent or present employer)

| | | |
|----------------------------------------------|------------|-----------------------|
| 1. Name and Address of Employer(most recent) | | |
| Immediate Supervisor(Name and Position) | Date Hired | Salary or Hourly Rate |
| Job Title and Description | Date Left | Salary or Hourly Rate |
| Reason for Leaving | | |

| | | |
|----------------------------------------------|------------|-----------------------|
| 2. Name and Address of Employer(most recent) | | |
| Immediate Supervisor(Name and Position) | Date Hired | Salary or Hourly Rate |
| Job Title and Description | Date Left | Salary or Hourly Rate |
| Reason for Leaving | | |

| | | |
|----------------------------------------------|------------|-----------------------|
| 1. Name and Address of Employer(most recent) | | |
| Immediate Supervisor(Name and Position) | Date Hired | Salary or Hourly Rate |
| Job Title and Description | Date Left | Salary or Hourly Rate |
| Reason for Leaving | | |

Have You Ever been discharged from a job? Yes No Explain: _____
