



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
			9	10	11	12		
High School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/>		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 <input type="checkbox"/> No <input type="checkbox"/>		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