



# APPLICATION FOR EMPLOYMENT TOWN OF PURCELLVILLE

130 East Main Street, Purcellville, VA 20132  
**PHONE:** (540) 338-7421      **FAX:** (540) 338-6205  
**Web Site:** <http://www.purcellvilleva.com>

**AN EQUAL OPPORTUNITY EMPLOYER:**

*Under the provisions of the Americans with Disability Act (ADA) reasonable accommodation will be made during the selection process for this job upon your request. The Town of Purcellville considers all applicants without regard to gender, race, religion, color, creed, age, disability, national origin, marital or veteran status, or any other legally protected status.*

**Instructions: Please type or print in black ink. If more space is needed you may attach additional sheets with your name and the position for which you are applying on the top of each page.**

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Web Page		<input type="checkbox"/> Friend or Relative	
<input type="checkbox"/> Newspaper Ad		<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Inquiry		<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number	E-Mail Address		Social Security Number (voluntary information)

When can we best reach you at home? \_\_\_\_\_ am  
 \_\_\_\_\_ pm

If you are under the age of 18 can you provide the required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filled out an application with the Town of Purcellville before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give the date of your application _____		
Have you ever been employed with the Town of Purcellville before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give the date of your employment _____		
Do any of your relatives, other than spouses, or friends work for the Town of Purcellville?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state name and relationship _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, may we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been fired or resigned from a position after being notified you would be fired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If Yes, explain) _____		
For the purpose of compliance with the United States Immigration and Nationalization Act, and Section 40.1-11.1 of the Code of Virginia, are you legally eligible for employment in the United States? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date You Are Available for Work \_\_\_\_ / \_\_\_\_ / \_\_\_\_      What is your desired salary range? \_\_\_\_\_

Are you available:	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full Time (Circle shift 1 2 3)	Please list the Number / State / Expiration Date: _____
<input type="checkbox"/> Part Time (Circle Morning Afternoon Evening)	
<input type="checkbox"/> Temporary (List dates available ____ / ____ / ____)	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently on "lay-off" status and subject to recall?       Yes       No

## EDUCATION

School	Name and Location of School	Dates of Enrollment	Degree or # Credits Completed	Date Graduated	Major Area of Study
High School or Highest Grade Completed					
College or University					
Graduate or Professional School					
Business or Trade School					
Other (specify)					

If you expect to complete an educational program in the near future, please indicate what type of degree you are pursuing and when you expect to receive it: \_\_\_\_\_

## WORK EXPERIENCE

List below present and past employment, beginning with the most recent. Include any related military service or volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information, you may also use additional sheets as necessary, please put your name and the title of the position for which you are applying on each sheet.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Please explain any gaps in employment

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Awards or Certifications	Languages
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Specialized training, apprenticeship and/or skills and abilities received in the United States military or elsewhere

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Professional, trade, business, or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, or other protected status.

**Special Skills and Abilities**

<b>Computer Skills</b> <input type="checkbox"/> Mac / PC <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Databases	<b>Office Skills</b> <input type="checkbox"/> Typewriter (WPM _____) <input type="checkbox"/> Short Hand <input type="checkbox"/> Dictation <input type="checkbox"/> Other _____	<b>Production / Mobile Machinery (list)</b> _____ _____ _____ _____	<b>Other (list)</b> _____ _____ _____ _____
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Additional information you feel may be helpful to us in considering your application

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**PERSONAL OR PROFESSIONAL REFERENCES** (Please do not include family members or past supervisors)

Name	Telephone Number	Best Time to Call	Relationship
1.			
2.			
3.			

- 1) I certify that the statements in this application are true and complete to the best of my knowledge, and I agree that any intentional misstatement or omission will constitute grounds for unfavorable consideration of my application or dismissal from employment with the Town of Purcellville.
- 2) I authorize the Town of Purcellville to obtain information from past employers and other sources to support the data on this application, including a review of my educational, criminal and credit records, as appropriate.
- 3) This employment application shall be considered active for a period of time not to exceed 45 days. Applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- 4) I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Purcellville is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I further understand that this "at will" relationship with my employer may not be changed by any written document or by conduct unless an authorized executive of the Town of Purcellville specifically acknowledges such a change in writing.
- 5) I understand that I am required to abide by all rules and regulations of the employer.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_