

TOWN OF DUMFRIES



Employment Application

17755 Main Street* DUMFRIES, VA 22026 * (703) 221-3400 * FAX (703) 221-3544 * Website www.dumfriesvirginia.org

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Date of Application: _____ Date Available _____

Position (s) Applied For:

Referral Source: Advertisement Friend Relative
 Employment Agency Other

Name

Last

First

Middle

Address:

Number

Street

City

State

Zip Code

Date of Birth: _____ Social Security # _____

Does the Town employ anyone related to you by blood, marriage, adoption or who resides in the same household: Yes No If yes, provide name(s), relationship and work location: _____

AN EQUAL OPPORTUNITY EMPLOYER

(rev. 8/2010)

If employed and you are under 16, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date

Have you ever been employed here before? Yes No If yes, give date

Are you employed now? Yes No May we contact your present employer? Yes
 No

Are you prevented from lawfully becoming employed in this country because of Visa or
Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If yes, give pertinent facts, including date (s), court(s), and crime convicted of:

(Exclude any offense committed before your eighteenth birthday which was adjudicated in a Juvenile Court or under a Youth Offender Law and traffic violations for which you paid a fine.)

DRIVING RECORD

Do you have a valid driver's license? Yes No if **YES** . State _____
 License#_____

Do you have a Commercial Driver's License(CDL)? Yes No

If you have a CDL, choose as many as apply to you:

Vehicle Type: **A** **B** **C** **Air Brakes** **M**

Endorsements: **H** **N** **P** **S** **T**

Have you ever been dismissed or forced to resign or have you ever resigned to avoid being dismissed?

Yes **No**

If yes, please explain.

Veteran of the U.S. Military Service? Yes No If yes, Branch

Other than English, indicate languages you speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List Professional, trade, business, or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religious, national origin, age ancestry, disability or other protected status.)

References

Give Name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

School Name	High School	GED	College/University
Graduate/Professional			
Years Completed	9 10 11 12	<input type="checkbox"/> yes <input type="checkbox"/> no	1 2 3 4 1 2 3 4
Diploma/Degree			
Course studied			
Specialized training			

Honors Received: State any additional information you feel may be helpful to us in considering your application. _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex national origin, handicap or other protected status. Any periods of unemployment or military service must be accounted for. If you need additional space, please continue on a separate sheet of paper.

Name of Employer/Company:

Dates Employed: From: _____ To: _____

Supervisor: _____

Work Performed: _____

Job Title: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Name of Employer/Company:

Dates Employed: From: _____ To: _____

Supervisor: _____

Work Performed: _____

Job Title: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Name of Employer/Company:

Dates Employed: From: _____ To: _____

Supervisor: _____

Work Performed: _____

Job Title: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Name of Employer/Company:

Dates Employed: From: _____ To: _____

Supervisor: _____

Work Performed: _____

Job Title: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Special Skills and Qualifications

Describe specialized training, skills, qualifications and extra-curricular activities:

Applicant's Statement:

I HEREBY AUTHORIZE the Town of Dumfries, Virginia, to obtain from my present and past employers all information concerning my history with these firms. I also authorize the Town of Dumfries to obtain my credit history report.

I hereby certify that all entries on this application and on all attachments are true, accurate, and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I authorize the release of any information from any source that may be required concerning my qualifications for employment, which may include criminal history check, as a final screening step in the pre-employment process. I understand that should I need accommodation during the selection process, it is my responsibility to request this in advance.

I understand that if I am applying for a position that will require driving a Town vehicle, a driving record check for pre-employment will be conducted by the Town through the Department of Motor Vehicles, and I authorize approval for this to be done.

I understand that I will be required to undergo substance screening tests during the recruitment process and may receive a conditional offer of employment contingent upon my passing the Town's physical examination and criminal history check.

I understand that this application is not intended to be a contract of employment, and if I am employed, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

Signature of Applicant:

Date:

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one of the following: Male Female

Check one of the following: White Black Hispanic

American Indian/Alaskan Native Asian/Pacific Islander Other _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disability.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or affect your consideration for employment.

If you wish to be identified, please sign below:

Individual with a disability Disabled Veteran Vietnam Era Veteran

Signed _____