

# TOWN OF DUMFRIES



## Employment Application

*Please attach a Resume and Letter of Interest*

17755 Main Street\* DUMFRIES, VA 22026 \* (703) 221-3400 \* FAX (703) 221-3544 \* Website [www.dumfriesvirginia.org](http://www.dumfriesvirginia.org)

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*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: \_\_\_\_\_

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### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone: \_\_\_\_\_  
Home Number Cell Phone Number

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:

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Referral Source:     Advertisement                       Friend                                       Relative  
                                  Employment Agency                       Other

**AN EQUAL OPPORTUNITY EMPLOYER**

(rev. 4/13/15)

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

## DRIVING RECORD

Do you have a valid driver's license?    Yes    No if **YES** . State of Issue \_\_\_\_\_  
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.

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## EDUCATION

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

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

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## 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:*

*Employer/Company Phone Number*

Dates Employed: From:

To:

Supervisor:

Phone Number:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting:

Final:

Reason for Leaving:

*Name of Employer/Company:*

*Employer/Company Phone Number*

Dates Employed: From:

To:

Supervisor:

Phone Number:

Work Performed:

Job Title:

Hourly Rate/Salary: Starting:

Final:

Reason for Leaving:

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***Name of Employer/Company:***

***Employer/Company Phone Number***

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Dates Employed: From:

To:

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Supervisor:

Phone Number:

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Work Performed:

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Job Title:

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Hourly Rate/Salary: Starting:

Final:

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Reason for Leaving:

---

***Name of Employer/Company:***

***Employer/Company Phone Number***

---

Dates Employed: From:

To:

---

Supervisor:

Phone Number:

---

Work Performed:

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Job Title:

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Hourly Rate/Salary: Starting:

Final:

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Reason for Leaving:

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### **Special Skills and Qualifications**

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

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**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 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:

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**For Personnel Department Use Only**

Position Applied for is Open:     Yes     No

Position(s) Considered For:

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Arrange Interview     Yes     No

Remarks

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Interview

Date

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Employed

Yes

No

Date of Employment

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Job Title

Hourly Rate/Salary

Department

---

By

Name and Title

Date

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**Data Record**

**Confidential** For personnel office use only

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Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As government contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT OR TYPE) Date of Application:

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Position(s) Applied For

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Referral Source:       Advertisement       Friend       Relative       Walk-In  
 Employment Agency       Other

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Name

Last

First

Middle

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Address

Number

Street

City

State

Zip Code

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Telephone: Office

Home

Date Available

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**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:  Male     Female

Check on of the following:  White     Black     Hispanic

Race/Ethnic Group:  American Indian/Alaskan Native     Asian/Pacific Islander

**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 \_\_\_\_\_