

# TOWN OF SALTVILLE

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Please print in black ink

Number of attachments \_\_\_\_\_

Position Number \_\_\_\_\_

Employees of Town of Saltville and applicants for employment shall be afforded equal opportunity in all employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from aspects of completing this application, confidential assistance in filling this application may be obtained by \_\_\_\_\_

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1. Position applied for \_\_\_\_\_ 2. Town \_\_\_\_\_  
Only 1 per application

3. Full legal name \_\_\_\_\_ 4. Home Phone \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_ 6. Business/Cell Phone \_\_\_\_\_  
City State Zip

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**7. EDUCATION**

- a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes \_\_\_ No \_\_\_  
If yes, date received \_\_\_\_\_
- c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs.	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

\*\*\*If you expect to complete an education program in the near future, please indicate what type of degree or Program and expected completion date: \_\_\_\_\_\*\*\*

**8. EXPERIENCE-** Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor? Yes \_\_\_ No \_\_\_**

Job Title \_\_\_\_\_ Employer/Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Start date (month/yr.) \_\_\_\_\_ End date (month/yr.) \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

\*\*\*Office Use Only: Taken By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_\*\*\*

Equipment Used:

Duties Performed:

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Job/Title \_\_\_\_\_ Employer/Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date (month/yr.) \_\_\_\_\_  
Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
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Job/Title \_\_\_\_\_ Employer/Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date(month/yr.) \_\_\_\_\_  
Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
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Job/Title \_\_\_\_\_ Employer/Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date (month/yr.) \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

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Job/Title \_\_\_\_\_ Employer/Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date(month/yr.) \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

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Job Title \_\_\_\_\_ Employer/Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date(month/yr.) \_\_\_\_\_  
Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Start time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Rate \_\_\_\_\_ for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Job/Title \_\_\_\_\_ Employer/Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Starting Salary \_\_\_\_\_ Start date(month/yr.) \_\_\_\_\_ End date(month/yr.) \_\_\_\_\_  
Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Hour/Week \_\_\_\_\_ Rate \_\_\_\_\_ for leaving \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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**9. ADDITIONAL TRAINING**

Use this space to list any additional information you think would help us better in evaluating your application. Please include training, seminars, workshops, special achievements or specialized skills.

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\*\*Licenses(to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Exp. Date	Granted by(licensing board)

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**10. REFERENCES**

List names, addresses, relationships of three people not related to you that know your qualifications:

Name	Address	Phone	Relationship

**11. MISCELLANEOUS**

Are you a previous town employee just returning from active military duty and applying for re-employment under the Veteran's Re-Employment Right's Act? Yes \_\_\_ No \_\_\_. If yes, attach copy of DD 214 to this application.

\*Which job status would you accept? Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

\*Are you willing to accept employment that requires travel? Yes \_\_\_ No \_\_\_ If yes, During the day only \_\_\_ Occasionally overnight \_\_\_\_\_, Frequently overnight \_\_\_\_\_.

\*For purposes of compliance with The Immigration reform and Control Act, are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_ Under the Immigration Reform Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

\*Are you willing to provide your own transportation if necessary for your employment? Yes \_\_\_ No \_\_\_  
For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check dates that apply) \_\_\_ World War I 4/16/17-4/1/20; \_\_\_ World War II 12/7/41-12/31/46; \_\_\_ Korean Conflict 6/27/50-1/31/55; \_\_\_ Vietnam Conflict 8/5/64-3/7/75; \_\_\_ None of the dates shown, but I did serve in the military.

\*Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your 18<sup>th</sup> birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? Yes \_\_\_ No \_\_\_ If yes list all and explain: \_\_\_\_\_

12. When will you be able to start work? (No date is needed if you are available as soon as you give a two (2) weeks notice) Month \_\_\_ Day \_\_\_ Year \_\_\_\_.

**13. CERTIFICATION—*Each Application Requires Current Date and Original Signature***

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Town of Saltville. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the town to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date \_\_\_\_\_ Applicant Signatur

**OFFICERS:**

TOWN MANAGER  
BRIAN MARTIN

CLERK-TREASURER  
STEVEN W. JOHNSON

CHIEF OF POLICE  
ERIK C. PUCKETT

PUBLIC WORKS DIRECTOR  
R. B. HENDERSON

TOWN ATTORNEY  
CASSELL AND CREWE

# SALTVILLE

Preserving history for over 30,000 years  
217 Palmer Avenue  
P.O. Box 730

**Saltville, Virginia 24370**

*Council Meets Second Tuesday of Each Month*

FAX (276) 496-4814

Telephone (276) 496-5342

Web: saltville.org

MAYOR:  
C. TODD YOUNG

COUNCIL:  
BRYAN MORRIS  
HIRAM ROBINSON  
EUGENE CALL  
STEVE SURBER  
MONICA JOHNSON  
GARY CALL

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Service, Veteran's Administration, OR**

**Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade, or high school), OR**

**Any past or present Employer, Credit Bureau of Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or the U.S. Selective or any Law Enforcement Agency.**

I,

Address:

\_\_\_\_\_ have applied for employment with the Town of Saltville. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information which you may have concerning me (including a transcript of any academic record) to the Town of Saltville or it's agent upon presentation of this release or copy thereof.

\*\*Armed Forces Services or  
Serial Number (if any) \_\_\_\_\_

\*\*Veterans Administration  
Claim Number (if any) \_\_\_\_\_

\*\*Date of Birth \_\_\_\_\_  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, in the State of  
Virginia-County of Smyth-Town of Saltville:

County of Smyth  
Commonwealth of Virginia

Signature

This day \_\_\_\_\_ personally appeared before me and  
acknowledged his/her signature to the above statement.  
My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_.

**Notary Public**