



**APPLICATION FOR
EMPLOYMENT
TOWN OF PURCELLVILLE**

221 South Nursery Avenue, Purcellville, VA 20132
PHONE: (540) 338-7421 **FAX:** (540) 338-6205
Website: <http://www.purcellvilleva.gov>

AN EQUAL OPPORTUNITY EMPLOYER:

Under the provision 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"/> Inquiry	
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address: <i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number	E-Mail Address		

When is the best time to reach you at home? _____ a.m.
 _____:_____p.m.

If you are under the age of 18, can you provide the required proof of your eligibility to work? Yes No

Have you ever filled out an application with the Town of Purcellville before? Yes No
 If Yes, please give the date of your application _____

Have you ever been employed with the Town of Purcellville before? Yes 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? Yes No
 If Yes, state name and relationship _____

Are you currently employed? Yes No

If Yes, may we contact your current employer? Yes No

Have you ever been fired or resigned from a position after being notified you were fired?
 (If yes, explain) _____ Yes No

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? Proof of Citizenship or immigration status will be required upon employment Yes No

Applicant Name: _____

Date you are available for work ____/____/____ What is your desired salary range? _____

Are you available :
 Full Time
 Part Time

Do you have a valid drivers license? Yes No
 Please list the Name/State/Expiration Date _____

Can you travel if the job requires it? Yes 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 # of Credits Completed	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	To	Starting	Ending	# of Hours per Week	Reason for Leaving
	Mo./Yr.	Mo./Yr.	Salary	Salary		
	Position Title:					
Supervisor's Name//Phone	Description of work:					

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per Week	Reason for Leaving
	Position Title:					
Supervisor's Name/Phone	Description of work:					
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per Week	Reason for Leaving
	Position Title:					
Supervisor's Name/Phone	Description of work:					
Please explain any gaps in employment						
Awards or Certifications						
Languages:						
Specialized training, apprenticeship and/or skills and abilities received in the United States Military or elsewhere						

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

Computer Skills

- Mac/PC
- Spreadsheet
- Word Processing
- Databases

Office Skills

- Type writer (WPM _____)
- Short Hand
- Dictation
- Other _____

Production/ Mobile Machinery (list)

Other (List)

Additional information you feel may be helpful to us in considering your application

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 ground 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 to 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.

Applicants Signature _____ Date _____