

TOWN OF GLASGOW

PO Box 326
 Glasgow, VA 24555
 540-258-2246

AN EQUAL OPPORTUNITY EMPLOYER

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

APPLICATION FOR EMPLOYMENT

Please Print

Position Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Phone Number(s)	Home	Work
	I prefer to be contacted at (check one)	
	Home	Work

Education	Elementary School	High School	College	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course				
of Study				

Currently Certified as a Law Enforcement Officer in: (If certified in more than one jurisdiction, please attach a separate sheet indicating the jurisdiction and dates certified and when the certification expired. If you have had certification(s) revoked for any reason, please provide an explanation along with the jurisdiction and dates certified and revoked)

State: _____ **Date Certified:** _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
Describe any honors received. State any additional information you feel may be helpful to us in considering your application	

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or handicap or other protected status.)

Employment Experience

Start with your present or last job. Include any job-related military service assignments. Attach additional sheets if necessary.

Employer	Dates of Employment	Describe duties performed including special skills, number of employees supervised and any other information you feel would demonstrate your qualifications for the position you are applying for.
Address		
Telephone Number	From To / / Month/Year	
Job Title	Hourly Wage or Salary	
Supervisor		
Reason for Leaving	Start End	
May we contact this employer: Yes No	\$ \$	

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Job Title	Hourly Wage or Salary	
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May we contact this employer: Yes No	\$ \$	

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May we contact this employer: Yes No	\$ \$	

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Job Title	Hourly Wage or Salary	
Supervisor		
Reason for Leaving	Start End	
May we contact this employer: Yes No	\$ \$	

References

Provide names, addresses phone numbers and how you are aquatinted with three persons (not related to you) who know your qualifications.

Name	Address	Phone Number	Relationship

Summarize any special skills and qualifications you have related to the position for which you are applying that are not reflected elsewhere in this application.

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 and Control 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.

Have you ever been convicted* for any violation(s) of law, including moving traffic violations? ___ Yes ___ No

If YES, please provide the following:

Description of

offense: _____

Statute or ordinance (if known): _____ Date of Charge: _____

Date of Conviction: _____

County, City and State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? ___ Yes ___ No.

If yes, did you serve during the Vietnam Conflict (2/28/61 - 3/7/75)? ___ Yes ___ No.

Are you physically or otherwise **unable** to perform the job for which you are applying. ? ___ Yes ___ No.

Are you related by blood or marriage to any current employee or elected official of the Town of Glasgow? ___ Yes ___ No. If yes, to whom and how related: _____

When will you be available to start work: ___ month ___ day ___ year, or if you are available to begin as soon as you give and serve two weeks notice check here ____.

Certification

Each Application Requires Current Date and Original Signature

I hereby certify that all entries 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 of any employment in the service of the Town of Glasgow. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town of Glasgow to rely upon and use, as it sees fit, any information received from such contacts.

The applicant understands that neither this document nor any offer of employment from the employer constitute and employment contract unless a specific document to that affect is executed by the employer and employee in writing.

Signature of Applicant _____