

# 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
----------------------	---------------------

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>Number</b>	<b>Street</b>
		<b>City</b>
		<b>State</b>
		<b>Zip Code</b>
<b>Phone Number(s)</b>	<b>Home</b>	<b>Work</b>
		<b>I prefer to be contacted at (circle one):</b>
		<b>Home</b>
		<b>Work</b>

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

**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	<b>Dates of Employment</b> From      To /            / Month/Year	<b>Describe duties performed</b> 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		
Job Title		
Supervisor	<b>Hourly Wage or Salary</b>	
Reason for Leaving	Start      End	
May we contact this employer: Yes    No	\$            \$	

Employer	<b>Dates of Employment</b> From      To /            / Month/Year	<b>Describe duties performed</b> 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		
Job Title		
Supervisor	<b>Hourly Wage or Salary</b>	
Reason for Leaving	Start      End	
May we contact this employer: Yes    No	\$            \$	

Employer	<b>Dates of Employment</b> From      To /            / Month/Year	<b>Describe duties performed</b> 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		
Job Title		
Supervisor	<b>Hourly Wage or Salary</b>	
Reason for Leaving	Start      End	
May we contact this employer: Yes    No	\$            \$	

Employer	<b>Dates of Employment</b> From      To /            / Month/Year	<b>Describe duties performed</b> 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		
Job Title		
Supervisor	<b>Hourly Wage or Salary</b>	
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 \_\_\_\_\_