

Town of Louisa, Virginia

Send this application to:
Town of Louisa
PO BOX 531
Louisa, VA 23093

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

Number of attachments _____

Position number _____

Application for Employment

Each Application Requires an Original Signature on the application and the criminal background check

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

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ 2. Agency _____
(one per application)

3. Full legal name _____ 5. Home Phone () _____
Last First Middle

4. Address _____ 6. Business Phone () _____
City State Zip

7. EDUCATION

- a. Check 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 Date Received _____
- c. Check 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. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

8. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. 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

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

c. Job Title _____ Duties: _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

9. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

10. MISCELLANEOUS

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits) Part-time (No benefits)
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
- f. 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.
- g. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- h. 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 the appropriate dates): 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.
- i. Have you ever been convicted* of a law violation(s), 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, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

12. **CERTIFICATION--Each Application Requires an Original Signature on the application and the criminal background check**
 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 Louisa, Virginia. 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 Louisa, Virginia 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, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Supplementary Experience Form

Name

Position Applied For

Job Title _____ Duties: _____
 Employer _____
 Address _____

Phone _____

Type of business _____
 Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

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Authorization to Obtain Information

I authorize the Town of Louisa, Virginia to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, Division of Motor Vehicles records, personal references, professional references, previous employees, physicians, medical records, and other appropriate sources.

I authorize the release of any information that the Town of Louisa may request from the above sources.

Applicants Signature

Printed Name

State of Virginia, Town/City of _____

On this _____ day of _____, _____,
whose name is signed to the foregoing instrument, personally appeared before me,
acknowledged the foregoing signature to be his, and having been duly sworn by me,
made the oath that the statements made in the said instrument are true.

My commission expires _____.

Notary Public

AUTHORIZATION FOR CRIMINAL HISTORY BACKGROUND INVESTIGATION

I, the undersigned, do hereby give the Town of Louisa, Virginia and the Town of Louisa Police Department authorization and permission to conduct a criminal history background investigation and to obtain a criminal history report in relation to me for the purpose of determining whether I have in the past been convicted of criminal law violations.

I understand that this information will be used in evaluating my application for Employment and only if I am considered for this position. Until then, this information will be kept separate from my application.

I fully and completely release, agree to hold harmless, and shall indemnify the Town of Louisa, Virginia and the Town of Louisa Police Department in relation to any claim, action, damage, costs, or fee resulting from these parties obtaining this information and using same as referred to above.

Signature

Print

Date: _____

Date of Birth: _____

Social Security Number: _____

State of Virginia, Town/City of _____

On this ____ day of _____, _____, whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made the oath that the statements made in the said instrument are true.

My commission expires _____.

Notary Public