DPT Form 10-012 (Rev. 3/98)
Please print in ink (preferably black)

Town of Louisa, Virginia

An Equal Opportunity Employer

Application for Employment

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

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

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 _____ (one per application) 2. Agency _____

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

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 salaried (leave benefits only)

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. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.
If no, state reason:

i. 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

j. 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, 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 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 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 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** _____

DPT Form 10-012A(Rev. 5/93) Attachment Number

Supplementary Experience Form

Name **Position Applied For**

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 ______

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 ______

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 ______

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 ______

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 ______

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 _____, 20___, _____
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 in the said instrument are true.

My commission expires: _____.

My commission number is: _____.

_____
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 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.

_____
Applicants Signature

_____
Printed Name

Date:_____

Date of Birth:_____

Social Security Number:_____

State of Virginia, Town/City of _____

On this _____ day of _____, 20___, _____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: _____

My commission number is: _____

_____
Notary Public