

**TOWN OF CULPEPER**  
**400 South Main Street, Suite101**  
**Culpeper, VA. 22701 (540) 829-8250 FAX (540) 829-8254**  
**(AN EQUAL OPPORTUNITY EMPLOYER)**  
**APPLICATION FOR EMPLOYMENT**

1. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Position(s) Applied for: 1) \_\_\_\_\_ 2) \_\_\_\_\_

3. Full Legal Name \_\_\_\_\_  
(Print with Last Name First)

4. Mailing Address: \_\_\_\_\_

5. Home Phone: (\_\_\_\_) \_\_\_\_\_ 6. Business Phone (\_\_\_\_) \_\_\_\_\_  
(Enter only if we may contact you at work)

7. Date of Birth \_\_\_\_\_ Note: The Age Discrimination Act of 1967 Prohibits  
Discrimination on the Basis on Age with  
Respect to Individuals Who Are At Least 40  
But Less Than 66 Years of Age.

8. List names and addresses of three persons not related to you who know your qualifications or  
who know your character.

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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9. Have you ever been convicted of a Law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a Youth Offender Law? \_\_\_\_\_ . yes or no

10. Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed? \_\_\_\_\_ . yes or no

If you answered "YES" to either of the two questions above, please explain:

11. For the purposes of compliance with Section 40.1.11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants", please state whether you are legally eligible for employment in the United State. \_\_\_\_Yes \_\_\_\_No. (You are legally eligible for employment if you are a United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor.)

12. If you possess any license (other than driver's license), certificate or other authorization to practice a trade or profession, complete the following section.

Type of License or Certificate	License Number	Expiration Date	Granted By (Licensing Board)

13. Give speed in words per minute: Shorthand \_\_\_\_\_ Typing \_\_\_\_\_

14. Education

a. Circle 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 school equivalency diploma? \_\_\_\_ Yes  
\_\_\_\_ No Date Received \_\_\_\_\_

c. Circle number of years of post high school education 1 2 3 4 5 6 7

College or University Name & Location	Date Attended	Credits Sem/Qtr	Major and/or Specialty	Degree Received

16. If you expect to receive a High School Diploma or College Degree within the next three (3) months, please complete the following: Type of Degree/Diploma \_\_\_\_\_  
Date you expect to receive it: \_\_\_\_\_.

17. Describe any Business, Secretarial, Vocational, Technical, Military or Correspondence courses you have completed. Give dates and number of hours and certificates received, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. On what date will you be available to start work? (If no date is given, we will assume that you are available now, it is understood that you must give adequate notice if you are presently employed.)

19. May we contact your present employer for a reference? \_\_\_\_ Yes \_\_\_\_ No

20. What is the minimum yearly salary that you will accept? \$ \_\_\_\_\_

Give a complete record of your employment history including part-time work, military service (substituting rank for salary), and volunteer experience. List all experiences in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Additional experience forms are available if needed. All information must be recorded on the application and supplemental sheet, if needed, and not on attached resume.

1.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

2.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised? \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

3.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

4.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised? \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

5.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

6.

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

His/Her Title \_\_\_\_\_ Number of employees you supervised? \_\_\_\_\_

Salary (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_ Equipment used \_\_\_\_\_

Dates (M0/YR) \_\_\_\_\_ to (MO/YR) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/Week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

I hereby certify that this application is a complete record and that all entries and all attachments are true and correct to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted in reference to being considered for employment.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**I hereby authorize full disclosure to any duly authorized agent of the Town of Culpeper prior to and/or after employment of all my driving records, criminal history and other records pertinent to this application.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**