



APPLICATION FOR EMPLOYMENT -TOWN OF ELKTON

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For			Date of application	
How did you learn about us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other		
Last Name:	First name:		Middle Name:	
Address:	Number or Street:	City	State	Zip:
Telephone number:		Social Security	Number	Voluntary:
Best time to contact you at home is			<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
If you are under 18 years of age, can you provide required proof of your eligibility to work?..... <input type="checkbox"/> yes <input type="checkbox"/> no				
Have you filed an application with us before? <input type="checkbox"/> yes <input type="checkbox"/> no				
.....If yes, give date				
Have you ever been employed with us before? <input type="checkbox"/> yes <input type="checkbox"/> no				
.....If yes, give date				
Do any of your friends or relatives, other than spouse, work here?..... <input type="checkbox"/> yes <input type="checkbox"/> no				
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no				
May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no				
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?				
..... <i>Proof of Citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> yes <input type="checkbox"/> no				
Date available for work ____/____/____		What is your desired salary range? _____		
Are you available to work full time? <input type="checkbox"/> Full Time		(please indicate shift) 1 2 3		
<input type="checkbox"/> Part Time		(please indicate Mornings Afternoons Evenings		
<input type="checkbox"/> Temporary		(please indicate dates available ____/____/____		
Are you currently on lay-off status and subject to recall? <input type="checkbox"/> yes <input type="checkbox"/> no				
Can you travel if the job requires it?			<input type="checkbox"/> yes <input type="checkbox"/> no	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military



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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities or other protected status.

Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	
Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	
Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	
Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	
Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	
Employer		<u>Dates Employed</u>		Work Performed
Address:		From:	To:	
Telephone Number:		<u>Hourly Salary Rate</u>		
Job Title:	Supervisor:	Starting	Final	

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and office held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.



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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check Skills/Equipment Operated)

		Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____

State any additional information you feel may be helpful to us In considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential function of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1.	
Name:	Phone:
Address:	
2.	
Name:	Phone:
Address:	
3.	
Name:	Phone:
Address:	



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements, contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Sign:

Signature of Applicant

Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

Interviewer

Date:

Employed: Yes No Date of Employment::

Job Title: Hourly Rate/Salary : Department:

By:

NAME AND TITLE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) Applied for is Open Yes No

:

Position Considered for

Date:

Certification and Authorization by Applicant

PLEASE READ THIS CAREFULLY AND BE SURE YOU FULLY UNDERSTAND IT
BEFORE SIGNING.

I certify that all information provided by me on this application is true and complete to the best of my knowledge, and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that if I have provided any false, misleading or incomplete information in this application I may be denied employment or terminated from employment with the Town of Elkton at any time, including after any period of probation, regardless of when the Town of Elkton discovers my false, misleading or incomplete statement.

I authorize the Town of Elkton and its officers and employees to investigate and verify any information I have provided in this application and/or other materials that I have submitted with it, to obtain any records of criminal conviction(s) concerning me, to contact and obtain information on academic, work, attendance or disciplinary history, references and any other information from my prior employers or schools I have attended. I also authorize any prior employer, reference, school or other individual or entity that I have listed in the application to provide any of this information to the Town of Elkton. I agree to waive any claim or action in law or equity and release from any claim of liability by me whatsoever, the Town of Elkton, its officers, agents and employees, and any of the persons or entities listed by me on this application and their officers, agents and employees, arising from the investigation, verification, or providing of information authorized or requested pursuant to my application for employment with the Town of Elkton.

I understand that I may be required as a condition of employment to submit to a pre-employment drug and/or alcohol test, physical examination (depending on position sought) and/or a job-related ability test(s), and I hereby consent to such tests as may be required to make a decision on my employment.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE CERTIFICATION AND AUTHORIZATION, AND FULLY UNDERSTAND IT PRIOR TO AFFIXING MY SIGNATURE BELOW.

Date

Your Signature (sign before a notary)

State of Virginia, Town of Elkton

This day, _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ Day of _____, 20 _____ .

Notary Public

Controlled Substance/Criminal History Questionnaire

Please answer the following questions by circling the appropriate response. If you circle YES to any of the questions, make sure to provide detailed information in the corresponding box.

Controlled Substance/Drug Use

1. Have you ever illegally used any drugs or controlled substances? YES NO
("Use" includes smoking; inhaling; swallowing; placing/rubbing on gums, lips, or tongue; injecting; or, ingesting by any other means.)
2. Do you now or have you ever illegally possessed, supplied, or sold YES NO
any drugs or controlled substances?

IF YOU ANSWERED YES TO ONE OR BOTH QUESTIONS ABOVE, PROVIDE DETAILS BELOW:

Name of Drug/Controlled Substance	Used for the first time on: (month/year)	Used for the last time on: (month/year)	Total number of times

Criminal History

A candidate for employment may not lawfully deny or fail to acknowledge the events in any sealed or expunged criminal history record. Most convictions and/or findings that you did commit a violation of the law will not automatically exclude you from employment. Circumstances surrounding the convictions and/or findings may be considered, such as: the nature, number, severity, and date of the offense; subsequent history; efforts at rehabilitation; and, relation of the offense to the requirements of the position for which you are applying.

3. Have you ever been arrested or detained by any law enforcement YES NO
agency for any reason?
(This includes arrests or detentions as a juvenile or for violations which were not prosecuted or where some type of pre-trial intervention was offered, and includes all arrests regardless of your plea.)
4. Have you ever been convicted of, or have you ever been found to YES NO
have committed any traffic; civil; or criminal law violation?

IF YOU ANSWERED YES TO ONE OR BOTH QUESTIONS ABOVE, PROVIDE DETAILS ON THE FOLLOWING PAGE:

At the time of application, submit copies of existing documentation such as final disposition, court documents, arrest reports, etc. for each incident.

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY
(OPTIONAL)**

The information requested in this survey will be used to comply with federal equal opportunity requirements and is neither a part of your application nor has any bearing on your consideration for employment. This section will be removed by Personnel and kept separate from your application.

Position applied for: _____

Today's Date: ___/___/___

SEX: Male Female Date of Birth: ___/___/___

How did you first learn of this position? (Check only one)

RACE/ETHNIC CATEGORY* (Check only one)

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Hispanic (regardless of Race)
- Asian/Pacific Islander
- American Indian/Alaskan Native

<u>Source</u>	<u>Specific Name</u>
<input type="checkbox"/> Newspaper:	_____
<input type="checkbox"/> Trade Journal:	_____
<input type="checkbox"/> Radio:	_____
<input type="checkbox"/> TV:	_____
<input type="checkbox"/> Job Fair	<u>Location:</u> _____
<input type="checkbox"/> Internet	<u>Site:</u> _____
<input type="checkbox"/> Military:	_____
<input type="checkbox"/> Open House	<u>Date:</u> _____
<input type="checkbox"/> Mailing	<u>Date:</u> _____

First Language: _____
Other Languages Spoken: _____

Description of EEOC Race/Ethnic Categories

- 1. White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 2. Black:** All persons having origins in any of the Black groups of Africa.
- 3. Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture, regardless of race.
- 4. Asian/Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- 5. American Indian/Alaskan Native:** All Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.