

Please print in ink (preferably black) or use typewriter

Town of Front Royal, VA  
16 North Royal Avenue, Post Office Box 1560  
Front Royal, VA 22630  
(540) 635-3929, FAX: (540) 631-9006  
www.ci.Front-Royal.va.us  
An Equal Opportunity Employer

# Application for Employment

Employees of the Town of Front Royal 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.

1. Position applied for \_\_\_\_\_  
(one per application)

2. Social Security No. \_\_\_\_\_ (Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Full legal name \_\_\_\_\_  
Last First Middle

4. Address \_\_\_\_\_  
City State Zip

5. Home Phone ( ) \_\_\_\_\_

6. Business Phone ( ) \_\_\_\_\_

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 \_\_\_\_\_ 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 \_\_\_\_\_

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

c. **Anti-Nepotism**

Do you have any relatives employed by the Town?

No

Yes If yes, who: \_\_\_\_\_

A "relative" is the spouse, children, parents, brothers, sisters, grandparents, grandchildren, uncles, aunts, nephews, nieces, and first cousins of the applicant. Also, the children, parents, brothers, sisters, grandparents, grandchildren, uncles, aunts, nephews and nieces of the applicant's spouse are considered a "relative." No relative of the Town Manager, Mayor, Council, Mayor-elect, or Council-elect generally will be hired.

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  Any Specify shift hours \_\_\_\_\_

b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. 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.

d. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

e. Section 2.2-2804 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:

f. For purposes of compliance with Section 2.2-2903 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

g. 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 Front Royal. I understand that all information on this application is subject to verification and I consent to criminal history background checks and examination of my driving record from Virginia or any other state. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town of Front Royal 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. Front Royal requires all new employees to submit to and pass a pre-employment, post-offer physical examination and drug screening. If employed, just as I may terminate my employment at any time without notice or cause, the Town of Front Royal may terminate or modify the employment relationship at any time without prior notice or cause, in accordance with the policies of the Town of Front Royal. In consideration of my employment, I agree to conform to the rules and regulations of the Town of Front Royal and I understand that no department director or representative of the Town of Front Royal, other than the Town Manager, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to the policy of the Town of Front Royal.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

**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 \_\_\_\_\_

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

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

**Check the block for the racial or ethnic group with which you identify:**

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)
- Multi-Racial

**Check the block for the highest level of education you have completed (check only one):**

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

**Check the appropriate block:**

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_  
\_\_\_\_\_

**How did you find out about this employment opportunity?**

- Newspaper
  - \_\_\_ Northern Virginia Daily
  - \_\_\_ Warren Sentinel
  - \_\_\_ Other Newspaper
- From a Friend
- Virginia Employment Commission
- Visited Office – Walk – In
- From a Town Employee. Name of Town Employee: \_\_\_\_\_
- Radio/TV (Government Access Channel)
- Internet – Front Royal Web Site
- From a Relative
- Town Bulletin Board(s)
- Other (please specify)