

TOWN OF GATE CITY

156 East Jackson Street • Gate City, VA 24251
276-386-3831 Phone • 276-386-7789 Fax
officemanager@townofgatecity.com



Application for Employment

The Town of Gate City is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service, or other characteristics protected by law.

Position Sought

Position: _____ Full Time? ___ Part-Time? ___ Temporary? ___ Seasonal? ___

Personal Information

Name: _____
Last First Middle

Social Security Number: _____ - - Birth Date: Month _____ Day _____

Current Address: _____
Street/Apt. _____
City State Zip

Previous Address: _____

Phone #: _____ Are you a U.S. citizen or an alien authorized to work in the U.S.? ___ Yes ___ No

Date you can start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Have you ever worked for this company before? _____ Where? _____ When? _____

Driver's License # _____ State: _____ Do you have a CDL? ___ Class _____

Driving Offenses? (List): _____ Date: _____
_____ Date: _____

Served in U. S. Military? _____ Branch of Service: _____ Date of Service: _____

Type of Discharge: _____ Rank: _____ Presently in National Guard or Reserves? _____

Have you been arrested? (List) _____ Date: _____
_____ Date: _____

Have you ever been involuntarily terminated or asked to resign from employment? _____

Education

High School: _____
Name City

Years Attended: _____ Did you graduate? _____ Year Graduated _____

College: _____ Subject/Major _____
Name City

Yrs Attended: _____ Did you graduate? _____ Year Graduated _____ Degree _____

Graduate School: _____ Subject/Major _____
Name City

Yrs Attended: _____ Did you graduate? _____ Year Graduated _____ Degree _____

Trade/Business School: _____ Subject/Major _____
Name City

Yrs Attended: _____ Did you graduate? _____ Year Graduated _____ Degree _____

Special Study or Research Work: _____

List all professional licenses, certifications, etc. that may be related to the position you are applying for and list dates issued and name of the organization granting the license, certification, etc.

List and describe any special skills, second languages, or other training you have that may be related to your employment. _____

Activities: (Civic, athletic, etc.)(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.) _____

Employment History

List your complete employment history **going back 10 years**, including military service, starting with your present status. Any period of unemployment should be identified as "Unemployed" and the dates of unemployment identified. Do not leave time gaps. If necessary, use an extra sheet of paper to provide all the information.

Employer: _____ **Date From:** _____ **Date To:** _____

Complete Address: _____

Phone Number: _____ **Position: -** _____ **Salary:** _____ **Supervisor:** _____

Job Responsibilities _____

Reason for leaving: _____

Employer: _____ **Date From:** _____ **Date To:** _____

Complete Address: _____

Phone Number: _____ **Position: -** _____ **Salary:** _____ **Supervisor:** _____

Job Responsibilities _____

Reason for leaving: _____

Employer: _____ **Date From:** _____ **Date To:** _____

Complete Address: _____

Phone Number: _____ **Position: -** _____ **Salary:** _____ **Supervisor:** _____

Job Responsibilities _____

Reason for leaving: _____

Employer: _____ **Date From:** _____ **Date To:** _____

Complete Address: _____

Phone Number: _____ **Position: -** _____ **Salary:** _____ **Supervisor:** _____

Job Responsibilities _____

Reason for leaving: _____

Which of these jobs did you like best? _____

What did you like most about this job? _____

References

Give the names of three persons **not related to you**, who you have known at least one year.

Name: _____

Address: _____

_____ Street City State Phone #

Occupation: _____ Dates Known _____

Name: _____

Address: _____

_____ Street City State Phone #

Occupation: _____ Dates Known _____

Name: _____

Address: _____

_____ Street City State Phone #

Occupation: _____ Dates Known _____

Criminal History

Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) ANY criminal offense of ANY type whatsoever (this includes, but is not limited to, felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances)? Yes _____ No _____

Offense _____ Date: _____ County/City/State _____

Offense _____ Date: _____ County/City/State _____

Offense _____ Date: _____ County/City/State _____

In case of emergency notify: _____ Address: _____ Phone # _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.”

Date: _____ Signature: _____

Do not write below this line.

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: _____ Yes _____ No _____ Position: _____ Department: _____

Salary/Wage: _____ Date Reporting to Work: _____

Approved: 1 _____ 2 _____ 3 _____

Personnel

Town Manager

Supervisor