



TOWN OF ALTAVISTA
 Application for Employment
 510 7th Street / P. O. Box 420
 Altavista, VA 24517
 Phone (434) 369-5001 / Fax (434) 369-4369
 Web Address: <http://www.AltavistaVA.gov>
 EEO/ADA Employer

POSITION FOR WHICH YOU ARE APPLYING:				
Last Name		First Name		Middle Initial
Mailing Address				
City	State	Zip	Home Telephone No.	Business Telephone No.
E-Mail Address				

EDUCATION

HIGH SCHOOL				
NAME & LOCATION OF SCHOOL:				
RECEIVED: Diploma Other (specify) _____ None				
Please circle the highest education level you have completed: 8 th 9 th 10 th 11 th 12 th				

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL					
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO		

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO		YES	NO

Licensure, Registration, Certification Examples: Inspector Certification; Plant Operator Certification; Code Compliance Certification, etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
Name & Title of Immediate Supervisor			Telephone No.	
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)	
Name & Title of Immediate Supervisor			Telephone No.	
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

DRIVER'S LICENSE INFORMATION

Driver's License #	State	Expiration Date	Operators (Private Vehicle) CDL (copy needed of license & medical card)
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BACKGROUND INFORMATION

A record of conviction (s) will not necessarily disqualify you from employment. Each situation is considered individually. ***Withholding or falsifying information may result in: Exclusion from further consideration/or, if hired immediate discharge.***

IF HIRED, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?	YES	NO
If "YES," what charges? _____		
Where convicted? _____ Date of Conviction _____		
HAVE YOU EVER PLED GUILTY TO A CRIME, WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?	YES	NO
If "YES," what charges? _____ Date _____		
Where? _____		
HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR	YES	NO
If "YES," what charges? _____		
Where? _____ Date _____		

REFERENCES

Name	Telephone Number

SIGNATURE AUTHORIZATION

Your signature is required in order for your application to be considered. Please read the following information carefully before signing. *Withholding or falsifying information may result in: Exclusion from further consideration: or, if hired immediate discharge.*

By my signature below, the Town of Altavista has my authorization to thoroughly investigate my work, criminal and personal history that are job-related. I authorize the Town of Altavista to obtain educational proof, including college or university transcripts as well as licensure and employment references from my current and former employers. I will hold no individual, corporation or organization liable for giving or receiving information during this investigation. I understand that if I am applying for a position that required the operation of a motor vehicle, a driving record check will be conducted through the Department of Motor Vehicles. I also agree to submit to a medical examination and/or drug/alcohol test, as required. ***Additionally, I understand that falsifying, lying or omitting information on this document will disqualify me for consideration for employment with the Town of Altavista or dismissal if currently employed.*** I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

_____ APPLICATION SIGNATURE _____ APPLICATION DATE