

APPLICATION FOR EMPLOYMENT

**TOWN OF ROCKY MOUNT
ROCKY MOUNT, VIRGINIA**

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	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is::..... ☐ AM ☐ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

.....If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

Proof of citizenship or immigration status will be required upon employment. ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time (please indicate 1☐2☐3☐shift)

☐ Part-Time (please indicate Mornings☐Afternoon☐Evenings)☐

☐ Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and 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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

[illegible]

EMPLOYMENT EXPERIENCE

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

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

☐ Terminal

☐ Spreadsheet

Production/Mobile
Machinery (list)

Other (list)

☐ PC/MAC

☐ Word Processing

☐ Typewriter

☐ Shorthand

WPM ____

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 functions 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)

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 that 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 change 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____

INTERVIEWER

DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or representative of the Town of Rocky Mount bearing this release, or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to academic, achievement, performance, attendance, personal history, disciplinary, and conviction records, I hereby direct to you to release such information upon request of the bearer. I understand that this information released is for official use by the Town of Rocky Mount and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

SIGNATURE (full name):

DATE:

FULL NAME (please print):

SOCIAL SECURITY NUMBER:

DRIVER'S LICENSE:

(if other than social security number)

CURRENT ADDRESS:

TELEPHONE NUMBER:

(Furnishing the requested information is voluntary on my part, but failure to provide all or part of the above information may result in denial of this application.)

EEOC Voluntary Self Identification Form

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEOC reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department. If you choose not to self-identify at this time, the federal government requires the Town of Rocky Mount to determine this information by visual survey and/or other available information.

Date: _____

Name: _____

Position Applied For: _____

How did you find out about the employment opportunity? _____

GENDER:

(Please check one of the options below)

_____ Male

_____ Female

_____ Nonbinary

_____ I do not wish to disclose.

Date of Birth: ____/____/____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino:** *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

_____ **White (Not Hispanic or Latino):** *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

_____ **Black or African American (Not Hispanic or Latino):** *A person having origins in any of the black racial groups of Africa.*

_____ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** *A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

_____ **Asian (Not Hispanic or Latino):** *A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

_____ **Native American or Alaska Native (Not Hispanic or Latino):** *A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.*

_____ **Two or more races (Not Hispanic or Latino):** *All persons who identify with more than one of the above five races.*

_____ I do not wish to disclose.