# 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?

☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ 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

# EDUCATION

| | 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.

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

# 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)

| | | Production/Mobile Machinery (list) | Other (list) |
|---|---|---|---|
| ☐ Terminal | ☐ Spreadsheet | _____ | _____ |
| ☐ 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)

FINANCE DEPARTMENT
345 Donald Ave.
Rocky Mount, Virginia 24151

540.483.5243
FAX 540.483.8830

E-mail : adooley@rockymountva.org
www.rockymountva.org

TOWN COUNCIL
Steven C. Angle, *Mayor*
Gregory B. Walker, *Vice Mayor*

Bobby M. Cundiff Bobby L. Moyer
. Mark H. Newbill Jon W. Snead
Billie W. Stockton

C. James Ervin, *Town Manager*

# AUTHORITY FOR RELEASE OF INFORMATION

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 Self Identification Form

Your cooperation is requested in checking the appropriate spaces below, to enable us to comply with federal Equal Employment Opportunity record keeping requirements. After completion, this form will be maintained separate from your employment application and will be kept confidential. Refusal to disclose will not result in adverse treatment. This information will be used only in accordance with the Equal Employment Opportunity laws and regulations.

**Date:** _____

**Name:** _____

**Position Applied For:** _____

How did you find out about the employment opportunity?

___ Newspaper, if so which one _____
___ VEC
___ Online, if so where _____
___ Bulletin Board
___ Walk-in/Inquiry
___ Other _____

**GENDER:**

☐ Male

☐ Female

Date of Birth: _____/_____/_____

**RACE OR ETHNIC IDENTITY:** (Please refer to definitions below)

**Please check only one:**

☐ Hispanic or Latino

☐ White (not Hispanic or Latino)

☐ American Indian/Alaskan Native (not Hispanic or Latino)

☐ Black or African American (not Hispanic or Latino)

☐ Asian (not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

☐ Two or More Races (not Hispanic or Latino)

☐ Other (Specify) _____

☐ If you would prefer not to disclose the above information, please check this box stating that you had the opportunity to disclose and choose not to. I have received this form and elect not to disclose my EEOC information.

**EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**Hispanic or Latino -** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not Spanish origin and culture.

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

**American Indian/Alaska Native (Not Hispanic or Latino) -** A person having origins in any of the original peoples from North and South America (including Central America), and who maintain tribal affiliation or community attachment.

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

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

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above races.