

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

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)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> 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. _____ (_____) _____ Phone #

(Name) (Address)
2. _____ (_____) _____ Phone #

(Name) (Address)
3. _____ (_____) _____ Phone #

(Name) (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 _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

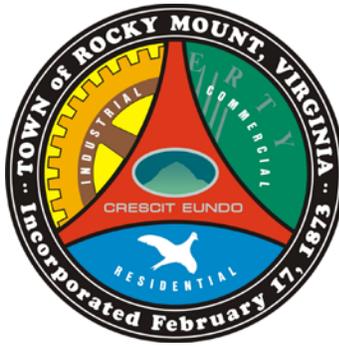
By _____
NAME AND TITLE DATE

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.

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
Billie W. Stockton, Vice Mayor

Bobby M. Cundiff Bobby L. Moyer
. Mark H. Newbill Jon W. Snead
Gregory B. Walker

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.