

Please print in ink (preferably black)  
or use typewriter

# The Town of Farmville

An Equal Opportunity Employer

## Application for Employment



Employees of the Town of Farmville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, sexual identity, sexual orientation, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Town of Farmville.

1. Position applied for: \_\_\_\_\_  
(one per application)

2. Full legal name: \_\_\_\_\_  
Last First Middle

4. Home Phone: ( ) \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

5. Business Phone: ( ) \_\_\_\_\_

7. **EDUCATION**  
a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

6. E-mail Address : \_\_\_\_\_

- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

8. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Part-time Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time Part-time Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute.

f. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

9. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your professional qualifications:

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- a. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_
- b. Check which employment status you will accept:  Hourly (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)
- c. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_ Month \_\_\_ Day \_\_\_ Year

12. **CERTIFICATION**--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Town of Farmville. I understand that all information on this application is subject to verification. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Town to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Name:

Position Applied For:

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
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Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

Supplementary Experience Form

Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
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Job Title \_\_\_\_\_ Duties: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
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