

# Application for Employment

Town of New Market  
9418 John Sevier Road  
P.O. Box 58  
New Market, VA 22844

*Employees of the Town of New Market and applicants for employment with the Town of New Market shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, age or any other protected classification. Any person with a specific disability preventing him/her from completing this application can request confidential assistance in filling out this application by contacting the Town of New Market.*

## PLEASE TYPE OR PRINT IN INK REQUESTED INFORMATION

Position applied for \_\_\_\_\_ (one per application)

Full Legal Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

(Include) Street City State ZIP CODE

Home Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

## EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you receive your high school diploma (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked "no" do you have a high school equivalency diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

Circle Number of Years of Post High School Education 1 2 3 4 5 6 7

Name and Location of Institution Hrs Degree Received Major/Specialty Dates

1. \_\_\_\_\_

2. \_\_\_\_\_

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

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Typing Speed if Known \_\_\_\_\_ (words per minute) \_\_\_\_\_ (short hand speed)

License Information (include driver's)

License Type (driver's, commercial etc) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
License Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Are you currently in a branch of the Armed Forces Reserve or National Guard? \_\_\_\_\_ Yes  
No \_\_\_\_\_

**REFERENCES**

List names, addresses and relationships of three (3) persons not related to you who know your qualifications.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Please read and answer the following questions carefully.

Have you ever been convicted for any violation(s) of law, including moving traffic violations?  
\_\_\_\_\_ Yes    No \_\_\_\_\_

If "yes" please provide the following: *(please attach additional sheets if needed)*

Description of offense(s)

Date of Charge:

Date of Conviction:

County, City, State of Conviction:

Do you understand that the completion of this application in no way serves to create an actual or implied contract of employment?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you understand that if hired both the undersigned (you) and the employer (Town of New Market) may terminate the employment relationship at any time and for any reason?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you understand that employment may be conditional upon satisfactorily completing a medical exam which could include a drug screening?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Do you understand that providing false or misleading information on this application can be grounds for immediate termination of employment?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

I hereby **certify** that all entries on this application and any additional 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 New Market. I understand that all information on this application is subject to verification and I consent to a criminal history background check(s). I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Town of New Market to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this and with this application may be disseminated on a need-to-know basis for good cause as determined by the Town Manager or his/her designee.

DATE: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**EXPERIENCE:** use supplementary sheets for additional space if necessary. Starting with the most recent describe all paid, military and applicable voluntary experience, which best highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

May we contact your present employer (check one)  Yes  No

1.) Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( ) \_\_\_\_\_  
Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Title of Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Check one Full Time  Part Time   
Hours a Week \_\_\_\_\_

2.) Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( ) \_\_\_\_\_  
Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Title of Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Check one Full Time  Part Time   
Hours a Week \_\_\_\_\_

3.) Job Title \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( ) \_\_\_\_\_  
Type of Business \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Title of Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
Check one Full Time  Part Time   
Hours a Week \_\_\_\_\_

### **Lifeguard Supplemental Information:**

1. What is the total number of hours you wish to work weekly?

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2. What is the minimum # of hours per week you would accept?

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3. If you are not currently certified, what is your expected date of completed lifeguard and CPR certification?

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4. What date will you be available to start working?

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5. What is your expected date to return to college, or what is the last day of the summer you are available to work?

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6. Will you be working any other jobs besides this one? If so, do you expect any scheduling conflicts? Vacation plans/dates?

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7. Will you be available to work pool parties or swim meets which are scheduled after the pool's regular hours?

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