

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
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1. _____

2. _____

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 _____

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:

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 _____

Lifeguard Supplemental Information:

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

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

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

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

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

6. Do you expect any scheduling conflicts? Vacation plans/dates? Working other jobs? Participating in Fall sports at school? Etc.?

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