

TOWN OF GATE CITY

156 East Jackson Street • Gate City, VA 24251
276-386-3831 Phone • 276-386-7789 Fax
officemanager@mygatecity.com



Application for Employment

The Town of Gate City is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, age, gender, gender identity/expression, sexual orientation, national origin, political affiliation, pregnancy, childbirth or related medical conditions, marital status, disability or status as a veteran.

PERSONAL INFORMATION:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ ☐ Full Time ☐ Part Time

Date Available _____ Salary Desired _____ Phone Number _____

Are you over 18 years old? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (*circle one*) 1 2 3 4 **Diploma:** ☐ Yes ☐ No **G.E.D.:** ☐ Yes ☐ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____ Year Graduated: _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____ State of Virginia License Number _____

License Expiration Date _____ Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.

SKILLS:

Office: Data Entry ☐ Excel or other spreadsheet ☐ Database

Typing speed _____ wpm.

Word Processing ☐ WordPerfect ☐ MSWord Other _____

Other Software Skills _____

Have you ever been employed in any facility of the Town of Gate City? ☐ Yes ☐ No

If so, please state facility name and location and dates of employment _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ☐ Yes ☐ No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Supervisor _____ Department _____

Duties _____ FT ☐ PT ☐ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Supervisor _____ Department _____

Duties _____ FT ☐ PT ☐ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Supervisor _____ Department _____

Duties _____ FT ☐ PT ☐ No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)

Supervisor _____ Department _____

Duties _____ FT ☐ PT ☐ No. of Hrs. _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

If yes, explain: _____

PROFESSIONAL REFERENCES ONLY:

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Gate City to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Gate City from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Town of Gate City. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Town of Gate City may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Do not write below this line.

Interviewed by: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: ____ Yes ____ No Position: _____ Department: _____

Salary/Wage: _____ Date Reporting to Work: _____

Approved: 1 _____ 2 _____ 3 _____
Personnel Town Manager Supervisor