

TOWN OF GRETNA

PO BOX 602

GRETNA, VA 24557

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Mailing Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Street Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Phone No. (\_\_\_\_) \_\_\_\_\_ Are you 18 years of age: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of visa or immigration status?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Have you ever applied with the Town before? \_\_\_\_\_ When? \_\_\_\_\_ Referred by: \_\_\_\_\_

EDUCATION

Name & Address	No. Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College/Trade School			

Special Study or Research Work: \_\_\_\_\_

Special Skills or Training: \_\_\_\_\_

Activities/Hobbies (Civic, Athletic, Etc.): \_\_\_\_\_

Exclude organizations, the name of which indicated the race, creed, sex, age, marital status, color or nation of origin of its members

MILITARY SERVICE

Branch: \_\_\_\_\_ Rank \_\_\_\_\_

Are you an active member of the National Guard or Reserves? \_\_\_\_\_

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991

**FORMER EMPLOYERS**

<u>Name &amp; Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			
<u>Name &amp; Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			
<u>Name &amp; Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			

Which of these jobs did you like best? \_\_\_\_\_  
What did you like most about this job? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you. Whom you have known at least one year.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>
<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>
<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

“I certify that all the information submitted by me on this application is true and complete. And I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.