



# TOWN OF WEST POINT

329 Sixth Street  
P.O. Box 152  
West Point, Virginia 23181  
(804) 843-3330

## Application for Employment

Unless otherwise stated, applications are only accepted for jobs, which are currently open. Please list the title of the job you are applying for. Incomplete applications will not be considered. Mail or bring your application to the address on the front of this application.

NAME: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First MI (A copy of your Social Security Card will be required upon employment)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Street Address  
Mailing Address  
City, State Zip Code

POSITION APPLIED FOR: \_\_\_\_\_

Available for  Full-Time  Part-Time  Temporary

Have you previously worked for the Town of West Point?  Yes  No  
If yes, give dates: \_\_\_\_\_

If accepted for employment, when can you begin work? \_\_\_\_\_  
If you are under 18 years of age, can you provide proof of eligibility to work?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Do you have a valid driver's license?  Yes  No  
(A copy of current driving record will be required for employment as it applies to job description.)  
If yes, which State? \_\_\_\_\_

Do you have a valid Commercial Driver's License?  Yes  No  
If yes, what type? \_\_\_\_\_  
State? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

High School Graduate  or GED

If neither, years of education completed \_\_\_\_\_

Name and Location of School: \_\_\_\_\_

Year Graduated (GED received): \_\_\_\_\_

Name & Location of College, Trade, or University	Dates Attended	Major/Subject	Degree & Date
1.			
2.			
3.			

Describe any job related courses or training you have completed.

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List any special qualifications, skills, certificates, licenses and professional associations or additional information you feel will be helpful to us in considering your application.

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## REFERENCES

Provide the names of three individuals not related to you, in addition to employment supervisors, who can provide information regarding your ability to perform this job.

Name	Address	Telephone	Years Acquainted
1.			
2.			
3.			

# EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. **List all experience in order, starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position. Attach additional sheets if necessary.

**1.**

Name and Address of Employer	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No.:	From:	\$	\$		
	To:				

Description of Work/Duties:

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**2.**

Name and Address of Employer	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No.:	From:	\$	\$		
	To:				

Description of Work/Duties:

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**3.**

Name and Address of Employer	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No.:	From:	\$	\$		
	To:				

Description of Work/Duties:

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May we contact your present employer for references?  Yes  No

May we contact you at your present place of employment?  Yes  No

**MILITARY SERVICE**

Branch of Service	Date From:	Date To:	Rank at Discharge	Are You Currently Serving in the Armed Forces?
				Yes _____ No _____

Are you fully able to perform the essential duties of the job, as set forth in the job description for this position, for which you are applying?  Yes  No

If no, please explain. A disability will not disqualify you from employment if you are able to perform the essential duties of the job with reasonable accommodations.

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Have you ever been convicted of any felony?  Yes  No

If yes, please explain and provide dates. A criminal record does not necessarily disqualify an applicant from employment.

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**CERTIFICATION**

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that false or incomplete statements may be grounds for disqualification from employment. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith. I further understand that any employment is conditioned upon successful completion of a probationary period.

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

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**For Town Use**

Hire Date: \_\_\_\_\_  Full-Time     Part-Time     Temporary

Starting Salary or Hourly Rate: \_\_\_\_\_ Department: \_\_\_\_\_

**Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_