

Town of Pocahontas

An Equal Opportunity Employer

Application for Employment

PocahontasVa.org (276) 945-9522



Send this application directly to the department announcing the vacancy.

Employees of the Town of Pocahontas and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the department to which you are applying.

1. Position applied for _____ 2. Dept. _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

8. E-mail Address _____
City State Zip

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

Phone _____
 Type of business _____
 Immediate supervisor _____
 Title Owner _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time Part-time Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

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

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- e. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- f. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No.
 If no, state reason: _____
- g. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
 Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)
 *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and 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 to any employment in the service of the Town of Pocahontas. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town of Pocahontas to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: _____

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
Name _____ Announcement Number _____

Job Title _____ Duties: _____
Employer _____
Address _____

Phone _____

Type of business _____

Immediate supervisor _____
Title _____

Salary (start) _____ (finish) _____
Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____
Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____
Your name if different from present _____

Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

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Title _____

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Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____
Title _____

Salary (start) _____ (finish) _____
Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____
Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____
Your name if different from present _____

**Authorization to Release Wage & Employment Information &
Release of Liability**

To: _____

Address: _____

I, _____, hereby authorize the Town of Pocahontas, Pocahontas Virginia, my current/former employer to release employment references including, but limited to, my entire employment history, wages, personnel/medical file, and any information which maybe requested relative to my employment, employment application, and other related matters, and to furnish any copies or any and all records which you may have concerning me regarding or in connection with my employment.

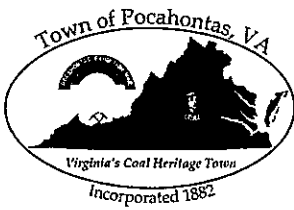
I, _____, further release The Town of Pocahontas, from any and all liability of any kind for releasing any employment information and agree to indemnify and hold harmless for release of same.

The foregoing authorization shall continue in force until revoked by me in writing. A photocopy of this authorization shall have the same force and effect as the original.

Applicant's Signature

Social Security Number: _____

Date of Birth: _____



EMPLOYEE AVAILABILITY FORM

Approved:	YES	NO
Date:		Admin:

Name: _____ Date: _____

Primary Phone # _____ Alternate Phone # _____

Email Address _____

Effective Dates: Start _____ through _____

Full Time: _____ Part Time: _____

Employee Comments: _____

Employer Comments: _____

Write in the times you are available to work. We schedule within available times, not for the entire availability. For example, you may write available from 3:00 – 11:00 p.m. & we might schedule you from 5:00 – 9:00 p.m. Hint: Make your availability as broad as possible. You may be available in the morning & then later in the evening on the same day. If you are available for the entire shift write "open" on the blank line.

_____	MONDAY	_____	until	_____	Comments: _____
_____	TUESDAY	_____	until	_____	Comments: _____
_____	WEDNESDAY	_____	until	_____	Comments: _____
_____	THURSDAY	_____	until	_____	Comments: _____
_____	FRIDAY	_____	until	_____	Comments: _____
_____	SATURDAY	_____	until	_____	Comments: _____
_____	SUNDAY	_____	until	_____	Comments: _____

Ideal number of hours I would like to be **scheduled** per week: _____

Maximum number of hours I can be **scheduled** per week: _____

- **All availabilities are subject to approval.** Your current availability stays in effect if a new availability is not approved. Approval is based on the needs of the Town in order to meet demand.
- **Time off must be approved two weeks in advance.**
- **Schedules must be turned in by the department manager every month.**

I understand that my work schedule will be based on the days and times that I have indicated I am available to work. I also understand and agree to follow all of the policies listed in the Town Personnel Manual.

SIGNATURE: _____

DATE: _____