



# TOWN OF SOUTH HILL

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for the Town of South Hill? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Attach additional pages if necessary.

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Other Skills**

Computer Software/Programs you are familiar with:

\_\_\_\_\_  
\_\_\_\_\_

Equipment/Tools you can operate:

\_\_\_\_\_  
\_\_\_\_\_

Languages (other than English) that you are proficient in:

\_\_\_\_\_  
\_\_\_\_\_

***I certify by my signature below that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in termination of employment.***

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

# ADDENDUM TO APPLICATION OF EMPLOYMENT and CONSENT FORM

(If not completed in full, your application will not be accepted)

Full Legal Name: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Drivers' License Number and State of Issue: \_\_\_\_\_

1. Have you ever had your drivers' license suspended?  Yes  No

If yes, in what year and please explain the reason: \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been convicted of a drug or alcohol related offense?  Yes  No

If yes, please explain the conviction: \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of a felony?  Yes  No

If yes, please explain the conviction: \_\_\_\_\_  
\_\_\_\_\_

The Town of South Hill maintains a drug free and alcohol free workplace. NO employee is permitted to work under the influence of drugs or alcohol nor are they permitted to use drugs and/or alcohol while on the job. **All applicants who are given a conditional offer of employment must pass a drug test before they will be allowed to begin employment.** Any applicant who tests positive will not be employed. The Town conducts drug and/or alcohol testing of employees when there is reasonable suspicion that the employee is using or under the influence of either. The Town also randomly tests certain employees for drugs and/or alcohol as required by federal or state law.

I understand that the Town of South Hill tests employees for drugs and/or alcohol to ensure a drug free and alcohol free workplace and to maintain safety. I understand that the results of all drug screenings are placed in a secure file separate from the actual personnel files. I agree to abide by the policies of the Town of South Hill. Failure to abide by these policies is grounds for immediate dismissal and/or withdrawal of a conditional offer of employment.

**By signing below, I give my consent to this requirement.**

I also understand that the **Town of South Hill requires a criminal history check** for all applicants.

**By signing below, I give my consent to this requirement. If required, I will also sign a Virginia State Police request for criminal record name check which authorizes release of information to the Town.**

I certify that all information contained in my resume and/or application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on any document collected as part of the application process, regardless of time of discover, shall be grounds for dismissal.

I authorize investigation of all statements. I also authorize all references, former employers, and educational institutions I have furnished to release to the Town of South Hill any and all information concerning my previous employment and any pertinent information they may have, and release all parties from any and all liability for any damage that may result from furnishing same to the Town of South Hill.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

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