

Town of Strasburg

The Town of Strasburg does not discriminate based on race, color, national origin, religion, sex, gender identity, (including gender expression) sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance programs, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program of activity funded by USDA Rural Development.

Employment Application

Applicant Information							
Full Name:			Date:				
	Last	First	M.I.				
Address:							
	Street Address		Apartn	nent/Unit #			
	City		State ZIP Co	de			
Phone:			_ Email				
Date Available:			Desired Salary:				
Position App	blied for:						
Are you a ci	tizen of the United States?		If no, are you authorized to work in the U.S.	YES NO			
YES NO Have you ever worked for the Town of Strasburg?							

Education						
High School:	Address:					
	Did you graduate?	YES	NO □	Diploma:		
College:	Address:					
	Did you graduate?	YES	NO □	Degree:		
Other:	Address:					
	Did you graduate?	YES	NO □	Degree:		

References

Full Name:	Please list three	professional references.				
Address:	Full Name:				Relationship:	
Full Name:	Company:				Phone:	
Company:	Address:					
Address:	Full Name:				Relationship:	
Full Name: Relationship: Company: Phone: Address: Previous Employment (including military service) Company: Phone: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Ending Salary:\$ Responsibilities:	Company:				Phone:	
Company:	Address:					
Address:	Full Name:				Relationship:	
Previous Employment (including military service) Company:	Company:				Phone:	
Company:	Address:					
Address:		Previous Employment (ir	cluding	military	service)	
Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities:	Company:				Phone:	
Responsibilities:	Address:				Supervisor:	
From: To: Reason for Leaving: May we contact your previous supervisor for a reference? YES NO Company: Phone: Phone: Address: Supervisor: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ From: To: Reason for Leaving: From: To: Reason for Leaving: May we contact your previous supervisor for a reference? YES NO May we contact your previous supervisor for a reference? YES NO Company:	Job Title:	Starting St	alary: \$		Ending Salary: \$	
May we contact your previous supervisor for a reference? YES NO Company:	Responsibilities:					
May we contact your previous supervisor for a reference?	From:	То:	Reason fo	or Leaving:		
Address: Supervisor: Job Title: Starting Salary:\$ Responsibilities: Ending Salary:\$ From: To: To: Reason for Leaving: May we contact your previous supervisor for a reference? YES NO Image: Supervisor for a reference? Company: Phone: Address: Supervisor:	May we contact y	our previous supervisor for a reference?				
Address: Supervisor: Job Title: Starting Salary:\$ Responsibilities: Ending Salary:\$ From: To: To: Reason for Leaving: May we contact your previous supervisor for a reference? YES NO Image: Supervisor for a reference? Company: Phone: Address: Supervisor:						
Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities:	Company:				Phone:	
Responsibilities: From: To: Reason for Leaving: YES May we contact your previous supervisor for a reference? YES NO Company: Address: Phone: Supervisor:	Address:				Supervisor:	
From: To: May we contact your previous supervisor for a reference? YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO Phone: Yes Phone: Supervisor:	Job Title:	Starting St	alary: <u>\$</u>		Ending Salary: \$	
May we contact your previous supervisor for a reference? YES NO Company:	Responsibilities:					
May we contact your previous supervisor for a reference? □ Company:	From:	То:	Reason fo	or Leaving:		
Address: Supervisor:	May we contact y					
Address: Supervisor:						
Address: Supervisor:	Company:				Phone:	

Responsibilities:						
From: To:	To: Reason for Leaving:					
May we contact your previous supervisor for a reference?	YES	NO □	Please attach additional pages, if needed, detailing additional work history.			
Professional License or Membership						
Professional License:						
License Expiration Date: State of VA License Number (If applicable):						
Professional Memberships:						
Disclaimer and Signature						

If you would like to include any additional information as part of your application, please feel free to attach additional sheets.

I understand that the completion of this application does not constitute an offer of employment or an employment contract. I understand that if employment is offered, such an offer is contingent upon satisfactory completion of a drug test, background check, and a physical (Public Safety employees).

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 Strasburg to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Strasburg 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 Strasburg. However, I further understand that neither the policies, rules, regulations of employment, nor 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 Strasburg may terminate my employment at any time with or without notice or cause.

Signature:

Date: