

TOWN OF DUMFRIES EMPLOYMENT APPLICATION



DUMFRIES, VIRGINIA

Virginia's Oldest Continuously Chartered Town
CHARTERED 1749 INCORPORATED 1961

John Wilmer Porter Municipal Building

17739 Main Street, Suite 200

Dumfries, Virginia 22026

Tel: 703-221-3400 / Fax: 703-221-3544

Email: employment@dumfriesva.gov Website: www.dumfriesva.gov

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Employment Application – (PLEASE PRINT OR TYPE)

Position(s) Applied for: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: ___/___/___ Part Time: Full Time Shift Work Temporary Desired Salary: \$ _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
(Proof of Citizenship or Immigration Status Will be Required)

Have you ever filed an application YES Or been employed by the Town? YES NO If yes, when? _____

Are you employed now? YES NO If yes, may we contact your current employer? YES NO

Are you laid off and subject to recall? YES NO Can you travel if a job requires it? YES NO

Does the Town employ a relative (by blood, marriage, or adoption) or anyone in your household? YES NO If yes, provide the name(s), relationship, and work location below: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Have you ever worked for the Town? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Grad/Prof: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List Honors Received or Additional Information for Consideration:

References

Please list three professional references. No familial relations or previous employers please.

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Email: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

Address: _____ Email: _____

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religious, national origin, age, ancestry, disability, or other protected status.)

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex national origin, disability or other protected status. Any periods of unemployment or military service must be accounted for. If you need additional space, please continue on a separate sheet of paper.

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Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Supervisor's Phone: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Supervisor's Phone: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Supervisor's Phone: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Native Language: _____

List Others: _____

Language Ability

Fluent			Intermediate			Beginner		
Speak	Read	Write	Speak	Read	Write	Speak	Read	Write
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Complete If Needed for Job

If employed and you are under 16, can you furnish a work permit? YES NO _____

Do you have a valid Driver's License? YES NO State of Issue: _____

Do you have a Commercial Driver's License (CDL)? YES NO If yes, check all that apply
Vehicle Type: A B C Airbrakes M
Endorsements H N P S T

Describe specialized training, skills, qualifications and extra-curricular activities:

Disclaimer and Signature

APPLICANT'S STATEMENT (Must be Signed)

I HEREBY AUTHORIZE the Town of Dumfries, Virginia, to obtain from my present and past employers all information concerning my history with these firms.

I hereby certify that all entries on this application and on all attachments are true, accurate, and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I authorize the release of any information from any source that may be required concerning my qualifications for employment, which may include criminal history check, as a final screening step in the pre-employment process. I understand that should I need accommodation during the selection process, it is my responsibility to request this in advance.

I understand that if I am applying for a position that will require driving a Town vehicle, a driving record check for pre-employment will be conducted by the Town through the Department of Motor Vehicles, and I authorize approval for this to be done.

I understand that I will be required to undergo substance screening tests during the recruitment process and may receive a conditional offer of employment contingent upon my passing the Town's physical examination and criminal history check.

I understand that this application is not intended to be a contract of employment, and if I am employed, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

Signature: _____ Date: _____

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As government contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

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VOLUNTARY SURVEY

Ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: Male Female

Check one of the following: White Black Hispanic

Race/Ethnic Group: American Indian/Alaskan Native Asian/Pacific Islander

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disability.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or affect your consideration for employment.

If you wish to be identified, please sign below:

Individual with a disability Disabled Veteran Vietnam Era Veteran

Signature: _____ Date: _____

Return the application to: 17739 Main Street, Suite 200, Dumfries, VA 22026 or employment@dumfriesva.gov