



EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer

Please Read Carefully – Write Clearly – Answer all Questions

Application Date _____

All applicants must have a high school diploma or GED AND a valid Driver's License.

Resumes may not be substituted for the application.

If you require accommodation to complete the application, testing or interview, please request assistance prior to completion.

Name & Location	Last Name		First	Middle	Social Security Number	
	Present Address			City	State	Zip
	Telephone Number ()			Alternate Telephone Number ()		
	If under 18 years of age, can you provide proof of eligibility to work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employment Desired	Position Applied for:			Experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever worked for our organization before? If yes, give dates and positions.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Hours Available: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal					
Personal	Have you been convicted of a crime in the past ten years? If yes, explain – give dates: (A conviction will not necessarily disqualify you from employment)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted of a crime under another name? If yes, explain – give dates:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been discharged from a job or asked to resign? If yes, explain – give dates:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you related to any employee, elected or appointed official of the Town of Big Stone Gap? If yes, please specify name and their relationship to you				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please list any friends working for us, other than spouse:					
CITIZENSHIP			U.S. MILITARY SERVICE		STATEMENT OF HEALTH	
Are you either a United States Citizen or an alien who has the legal right to work in the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States.			Have you served in the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list job-related skills or experience:		Can you safely perform the essential functions of the position for which you are applying, with or without accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:	
Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Education		NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
	High School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					*If no, do you have a GED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Undergraduate			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other College, Special Courses, Military Training, Post Graduate work not included above. Include information on Adult Education Programs. List any current courses you are taking.						
List any software, office machines, other equipment, etc. that you can use:						

Experience								
Give a complete record of all employment starting with your current or most recent employer and reasons for periods unemployed during the past ten years.								
Name and Address of Company and type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone No:								
Describe the work that you did:								
Name and Address of Company and type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone No:								
Describe the work that you did:								
Name and Address of Company and type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone No:								
Describe the work that you did:								
Name and Address of Company and type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone No:								
Describe the work that you did:								
Name and Address of Company and type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Phone No:								
Describe the work that you did:								

I authorize the Town of Big Stone Gap to run a detailed employment check, including, but not limited to, my previous and/or current employers.

References	List three references who are not relatives who we may contact to verify your qualifications for the position (such as faculty, co-workers, supervisors or friends).		
	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
Phone		Address	

LICENSES

DRIVER'S LICENSE: (You must provide the following information)

The Town of Big Stone Gap has permission to access my driving record. Yes No

Issued by State of _____ Expiration Date _____

License No. _____ Class _____

PROFESSIONAL LICENSES, REGISTRATIONS and CERTIFICATIONS

Examples: CDL License, Waterworks Operator, etc.

Type of License	State Issued	Original Issue Date	Number	Expiration Date

ADDITIONAL COMMENTS - Please list any other information you feel pertinent to your application:

Please read before signing.

I hereby authorize the Town of Big Stone Gap and any of its employees or agents to investigate all statements contained in this application or any resume or other written or oral statement I have provided, and to interview the references and current and/or previous employers listed in this application. I further authorize such references and current and/or previous employers to release any information contained in my personnel file or otherwise known by them to the Town of Big Stone Gap in connection with my application for employment. I specifically release from liability, and hold harmless, any current or former employer, and their agents, representatives, employees, officers or directors with regard to any information they may provide to the Town of Big Stone Gap.

I also authorize that a criminal background and/or records check (including personal history and or financial or credit records) be performed, and release any and all liability and individual or public or private entity involved in conducting such check(s), including, but not limited to, employees, officers, or director of such entity or agency. I authorize the release of records maintained by any agency pertaining to my criminal record, and hereby waive any right which I might have to maintain the confidentiality of same.

I UNDERSTAND THAT IF I AM HIRED, UNLESS OTHERWISE DESIGNATED, MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I WILL NOT BE EMPLOYED FOR ANY SPECIFIC TIME, AND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE, A CONTRACT FOR EMPLOYMENT, EXPRESS, IMPLIED, OR OTHERWISE. I understand that acceptance of an offer of employment by me does not create a contractual obligation upon the Town of Big Stone Gap to continue to employ me in the future.

I understand that any job offer made to me may be contingent upon the successful completion of a physical examination and/or abilities assessment, a drug and/or alcohol test, background checks, motor vehicle license check, and/or the satisfaction of any applicable state or federal employment requirements. I voluntarily agree to submit to a blood and/or urine analysis by a doctor, medical facility, hospital, laboratory, provider of clinical laboratory services, or medical personnel, prior to commencement of employment or at any time subsequent to employment, upon request, for detection of the presence of drugs and/or alcohol in my system. Furthermore, I authorize the release of the results of such test and examinations to the Town of Big Stone Gap or any of its representatives. I understand that a positive test for the presence of drugs (for which I have no prescription) or alcohol in my system on any test shall be cause for the revocation of any conditional offer of employment made me, or termination of my employment if already hired. I do hereby release any doctor, medical facility, hospital, laboratory, provider or laboratory services, medical personnel, and the Town of Big Stone Gap or any of their agents, employees and representatives, from any and all liability arising from the test itself or the release or use of the information derived from or contained in any examination and test results, or test results obtained during my period of employment, if hired.

I understand that my failure to obtain a license or certification, if required in my job, for any reason, or my failure to satisfy any standard or pass any test required by such licensing authority, shall be a proper basis for denial of employment to me, for withdrawal of any conditional employment offer made, or for my termination if already employed. Further, any lapse or revocation of such license or certification shall constitute sufficient cause for my dismissal.

If I am hired, I hereby authorize the Town of Big Stone Gap officials to examine my personal effects (such as purse, briefcase, toolbox, etc.), automobile, and other property as well as all property, equipment, and records including offices, desks and computer files, etc. to which I may have access that belong to the Town of Big Stone Gap. I further acknowledge that I have no right to, or expectation of, privacy in the workplace.

I hereby affirm that the information provided orally or on this application, or on any resume or other document, is true, correct, and complete, and understand that such information will be relied upon in considering my application for employment. I understand that my erroneous information or omission made by me orally or on this application, or any resume or other document, or on any other record provided to or maintained by the Town of Big Stone Gap, is justification for not employing me, or for my dismissal at a later date if I am hired. I understand that this application will be kept on active file for six months from the date completed, after which time I would have to reapply in accordance with established company procedures.

Applicant Signature

Date