



RECEIVED:

TOWN OF SHENANDOAH

426 FIRST STREET, SHENANDOAH, VA 22849
(540) 652-8164

EMPLOYMENT APPLICATION**Application Information**

Full name:	_____	Date:	_____
	<small>Last First M.I.</small>		
Address:	_____	Phone:	_____
	<small>Street address Apt/Unit #</small>		
	_____	Email:	_____
	<small>City State Zip Code</small>		
Date Available:	_____	Driver's License #	_____
		Desired salary:	\$ _____
Position applied for:	_____		

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____

Education

High school:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: _____
College:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____
Other:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	_____	Date:	_____
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