



Town of Middletown  
 7875 Church Street  
 Middletown, Virginia 22645  
 (540) 869-2226 ♦ Fax (540) 869-4306

**EMPLOYMENT APPLICATION**  
**(An Equal Opportunity Employer)**

**APPLICATION MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED FOR EMPLOYMENT.**  
**RESUMES ACCEPTED WITH COMPLETED APPLICATION FROM THE TOWN OF MIDDLETOWN.**

**PERSONAL HISTORY STATEMENT**

1. Position Applied for:

\_\_\_\_\_

2. Name:

\_\_\_\_\_

3. Address:

\_\_\_\_\_

\_\_\_\_\_

4. Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Social Security \_\_\_\_\_

6. Have you ever used a different name or alias? \_\_\_\_\_ If YES, state name (s) :

\_\_\_\_\_

7. If you expect to complete an educational program in the near future, please indicate what type of degree and when you expect to receive it:

\_\_\_\_\_

8. All applicants are subject to BACKGROUND CHECK prior to employment. Do you agree to such testing? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Are you willing to work at night to cover meetings when necessary? \_\_\_\_\_

10. Salary desired: \_\_\_\_\_

**POLICE RECORD**

Have you ever been arrested for a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain below:

CHARGES	JURISDICTION	DATES

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

Commercial drivers license: YES \_\_\_\_\_ NO \_\_\_\_\_

CDL Number \_\_\_\_\_ CDL class \_\_\_\_\_

List all traffic charges below:

---

---

**EDUCATION**

Provide the names and locations of the elementary school(s), junior or middle school(s) and high school(s) you have attended:

SCHOOL NAME	LOCATION CITY/STATE	DATES ATTENDED	GRADE COMPLETED	DATE OF GRADUATION

If you did not graduate from high school, do you have a GED diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

Date received \_\_\_\_\_

Please provide the following information regarding any colleges or special school ie business, secretarial, etc you have attended:

SCHOOL NAME	LOCATION CITY/STATE	DATES ATTENDED	DEGREE RECEIVED	FIELD OF STUDY

---

List below any professional memberships, certificates, licenses, honors, fellowships, etc that you have been awarded:

---

---

**ADDITIONAL INFORMATION**

Have you ever applied for employment with this department in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and what was the disposition of your application? \_\_\_\_\_

---

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you acquainted or related to any employee with the Town of Middletown? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who and how related. \_\_\_\_\_

**REFERENCE INFORMATION**

References: List five (5) persons you have known for five years or more (Not mentioned previously in this application) who are **NOT** related to you by blood or marriage and who reside in the United States.

1. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Occupation Telephone

2. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Occupation Telephone

3. \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Occupation Telephone

4. \_\_\_\_\_  
Name Address

Occupation

Telephone

5.

Name

Address

Occupation

Telephone

**EMPLOYMENT HISTORY**

The following pages are intended to give a complete record of your employment history including part-time work, military service and volunteer service. List history in order, beginning with your present or most recent position.

**SO THAT YOUR EXPERIENCE MAY BE FAIRLY EVALUATED**

Describe thoroughly, the duties and responsibilities for each position.

Account of all periods of unemployment.

Explain problems or difficulties with prior place (s) of employment, you may use a blank sheet of paper.

Please answer the following questions

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your former employer(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Signature

Date

**EMPLOYMENT HISTORY REPORT**

Start with the most recent position

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Your name if different than present; \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary; \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Your name if different than present \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Your name if different than present; \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary; \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Your name if different than present; \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary; \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary; \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

Employer: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Your name if different than present; \_\_\_\_\_

Description of duties: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Beginning salary: \_\_\_\_\_ Ending salary; \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Job Applicants Certification & Authorization for Release of Information

I have applied for employment with the Town of Middletown and I certify the information given by me in this application is true in all respects. I agree, if I am employed and any information is found to be false in any way, I am subject to dismissal without notice. I am aware that my background is to be investigated and, upon presentation of this release or copy hereof, I hereby authorize you to furnish to the Town of Middletown any information you have concerning me, my work performance, driving record, school record, my credit status and criminal record.

I hereby waive all rights to view or have access to any information given in confidence to the Town of Middletown as part of the employment investigation. I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

OFFICE USE ONLY:

Date received \_\_\_\_\_

Job Applicants Certification & Authorization for Release of Information

I have applied for employment with the Town of Middletown and I certify the information given by me in this application is true in all respects. I agree, if I am employed and any information is found to be false in any way, I am subject to dismissal without notice. I am aware that my background is to be investigated and, upon presentation of this release or copy hereof, I hereby authorize you to furnish to the Town of Middletown any information you have concerning me, my work performance, driving record, school record, my credit status and criminal record.

I hereby waive all rights to view or have access to any information given in confidence to the Town of Middletown as part of the employment investigation. I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested.

---

Signature of Applicant

Date

OFFICE USE ONLY:

Date received \_\_\_\_\_