



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 _____

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OFFICE USE ONLY:

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