



APPLICATION FOR EMPLOYMENT

This form has been designed to comply with federal and state fair employment practice laws prohibiting discrimination. The City of Virginia is an Equal Opportunity Employer.

Applications will be kept active for six months. Please notify us of any changes occurring during that time. After six months, a revised or new application with resume should be submitted for future consideration.

INSTRUCTIONS TO APPLICANT:

Please use ink, PRINT, and fill out this form completely. **A copy of your most recent resume must be attached.** All information contained on this application will be considered personal and confidential and used only in conjunction with your possible employment.

Position Desired		CHECK: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Name	FIRST	MIDDLE	LAST
Address		Date	
City State Zip		Telephone	
On what date would you be available to work ?		Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION Last Grade of School Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED Post High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Grad School			
Name and Location of High School:			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>List College(s), University(s), Business, Trade, Technical, and/or Vocational School(s) attended: Use "additional information" space on reverse if needed.</i>			
Name and Address of School		Course of Study	Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
List occupational licenses or certificates held:			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other			
Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch of Service	
Date of Discharge	Type of Discharge		Rank
Explain why you are interested in this job			
Why do you feel you are qualified to do this type of work?			
Describe special skills and knowledge relating to the position for which you are applying. Include any technical skills, special training, participation in professional organizations			
The City of Virginia conducts criminal history background checks on all regular full-time or part-time employees. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.			
Have you ever been convicted of a felony or an offense other than a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have pending criminal charges and/or arrests for which the possibility of criminal prosecution exists? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain			

EXPERIENCE

List work history beginning with most recent experience first. Please list PAID as well as VOLUNTEER work experience. If more space is needed, use an additional sheet of paper or use "additional information" section below. References need not be attached at this time, they will be requested should an interview be scheduled.

Name of Employer		Type of Business	
Address			Phone
Dates Employed From To	Starting Title		Last Title
Name of Supervisor	May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reasons for Leaving	
Description of Job Duties			

SELECT ONE: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	If Part-Time, avg. hrs per wk:	How many and what type of positions did you supervise?
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If you need to provide additional Information, please attach sheets explaining.

IMPORTANT: READ BEFORE SIGNING

If it is accurate, please sign this application form. Applications that are not signed will not be considered as properly completed.

I certify that all of the information given on this job application form is true, complete, and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and in my resume, as may be necessary in arriving at an employment decision and release all parties from all liability for any damages that may result. By signing this form, I am acknowledging that any false or misleading information supplied by me shall be grounds for not hiring me. I am also acknowledging that any false or misleading information supplied by me shall be grounds for automatic discharge from employment should this fact be discovered after I have been hired.

Date	Signature
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PRIVACY ACT NOTICE

Information requested on this form will be determining your job qualifications and availability, and for summary data reports. It constitutes a public record pursuant to Minnesota Statute 13.04. You are not legally required to supply the information requested; however, the information is necessary in determining your qualifications for the position for which you are making application. Your eligibility and success as a candidate for the position may be determined by the completeness of your application.