

TOWN OF GRETNA
 PO BOX 602
 GRETNA, VA 24557
APPLICATION FOR EMPLOYMENT
 (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____

LAST FIRST MIDDLE

Mailing Address: _____

STREET CITY STATE ZIP

Street Address: _____

STREET CITY STATE ZIP

Phone No. (____) _____ Are you 18 years of age: _____

Are you prevented from lawfully becoming employed in this Country because of visa or immigration status?

Yes: _____ No: _____

EMPLOYMENT DESIRED

Position: _____ Start Date: _____ Salary Desired: _____

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied with the Town before? _____ When? _____ Referred by: _____

EDUCATION

Name & Address	No. Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College/Trade School			

Special Study or Research Work: _____

Special Skills or Training: _____

Activities/Hobbies (Civic, Athletic, Etc.): _____

Exclude organizations, the name of which indicated the race, creed, sex, age, marital status, color or nation of origin of its members

MILITARY SERVICE

Branch: _____ Rank _____

Are you an active member of the National Guard or Reserves? _____

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991

FORMER EMPLOYERS

<u>Name & Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			
<u>Name & Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			
<u>Name & Address of Employer</u>	<u>Date To / From</u>	<u>Salary</u>	<u>Position</u>
<u>Reason for leaving:</u>			

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: Give the names of three persons not related to you. Whom you have known at least one year.

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Business</u>	<u>Years Known</u>
_____	_____	_____	_____	_____

Have you ever been arrested? Yes _____ No _____

If yes, please explain: _____

Signature: _____

EMERGENCY CONTACT

Name _____ Address _____ Phone No. _____

"I certify that all the information submitted by me on this application is true and complete. And I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: _____

Signature: _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.