



**TOWN OF ALTAVISTA**  
 Application for Employment  
 510 7<sup>th</sup> Street / P. O. Box 420  
 Altavista, VA 24517  
 Phone (434) 369-5001 / Fax (434) 369-4369  
 Web Address: [www.ci.altavista.va.us](http://www.ci.altavista.va.us)

<b>POSITION FOR WHICH YOU ARE APPLYING:</b>				
Last Name		First Name		Middle Initial
Mailing Address				
City	State	Zip	Home Telephone No.	Business Telephone No.
E-Mail Address				

**EDUCATION**

<b>HIGH SCHOOL</b>				
NAME & LOCATION OF SCHOOL:				
RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None				
Please circle the highest education level you have completed: 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>				

<b>COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL</b>					
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO		

<b>JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)</b>						
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO		YES	NO

**Licensure, Registration, Certification Examples: Inspector Certification; Plant Operator Certification; Code Compliance Certification, etc.**

<b>LICENSE, REGISTRATION OR CERTIFICATION:</b>	<b>Number</b>	<b>Date Received</b>	<b>Expiration Date</b>	<b>State Licensing Agency</b>



3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
Name & Title of Immediate Supervisor			Telephone No.	
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				
4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
Name & Title of Immediate Supervisor			Telephone No.	
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

**DRIVER'S LICENSE INFORMATION**

Driver's License #	State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)
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**BACKGROUND INFORMATION**

A record of conviction (s) will not necessarily disqualify you from employment. Each situation is considered individually. ***Withholding or falsifying information may result in: Exclusion from further consideration/or, if hired immediate discharge.***

IF HIRED, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES," what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction \_\_\_\_\_

HAVE YOU EVER PLED GUILTY TO A CRIME, WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?  YES  NO

If "YES," what charges? \_\_\_\_\_ Date \_\_\_\_\_

Where? \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR  YES  NO

If "YES," what charges? \_\_\_\_\_

Where? \_\_\_\_\_ Date \_\_\_\_\_

**REFERENCES**

Name	Telephone Number

**SIGNATURE AUTHORIZATION**

**Your signature is required in order for your application to be considered. Please read the following information carefully before signing. *Withholding or falsifying information may result in: Exclusion from further consideration: or, if hired immediate discharge.***

By my signature below, the Town of Altavista has my authorization to thoroughly investigate my work, criminal and personal history that are job-related. I authorize the Town of Altavista to obtain educational proof, including college or university transcripts as well as licensure and employment references from my current and former employers. I will hold no individual, corporation or organization liable for giving or receiving information during this investigation. I understand that if I am applying for a position that required the operation of a motor vehicle, a driving record check will be conducted through the Department of Motor Vehicles. I also agree to submit to a medical examination and/or drug/alcohol test, as required. ***Additionally, I understand that falsifying, lying or omitting information on this document will disqualify me for consideration for employment with the Town of Altavista or dismissal if currently employed.*** I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_ APPLICATION SIGNATURE \_\_\_\_\_ APPLICATION DATE