

Town of Luray 45 East Main Street P.O. BOX 629 Luray, VA 22835 (540) 743-5511

## **Application for Employment**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of non-job related medical conditions or disabilities.

(Please print or type)		Date of Application:							
Position(s) Applied For:									
Referral Source:Newspaper A	AdvertisementFr	iend/RelativeI	nternet Advertisement _	Walk-inOther					
Name:									
Last		First	Mi	iddle					
Address:									
Number	Street	City	State	Zip Code					
Telephone:	Alter	rnate Teleph	one Number:						
If employed and you are un	ider the age of 18	s, can you furn	ish a work permit?	Yes No					
Have you ever been employ	ed by the Town	of Luray?		Yes No					
Have you submitted an app	ave you submitted an application to the town before? Yes No								
Are you employed now?	are you employed now?Yes No								
Are you prevented from law	wfully becoming	employed in th	e United States?	Yes No					
On what date would you be	e available for w	ork?							
Are you available to work:	Full-Time	_Part-Time	_Temporary/Season	nal					
Are you a lay-off subject to	recall?		Yes	_ No					
Can you travel if the job re	quires it?		Yes	_ No					
Do you posses a valid Virgi	nia driver's licen	se?	Yes	_ No					
Have you been convicted of (Conviction will not necessarily di			? Yes _	No					
If yes, please explain:									
Veteran of the U.S. Military	y Service?		Yes						

An Equal Opportunity Employer

t	three references who are NOT	related to you and are not previou	us employers:
	Name	Title/Business	Telephone Number
	cial Employment Notice to Disab sical or mental disability:	bled Veterans, Vietnam Era Veteran	es, and Individuals with a
SS		ct to 38 USC 2012 of the Vietnam l res that they take affirmative action erans of the Vietnam Era.	
v	ou are a veteran, or have a phys	sical or mental disability, you are i	nvited to VOLUNTEER this
fo	rmation. The purpose is to pro-	vide information regarding proper erform to the best of your ability in	placement and appropriate
hi	s information will be treated as	confidential. Failure to provide th	
or	ardize or adversely affect your	consideration for employment	
•		consideration for employment.	
_	ou wish to be indentified, please		
y	ou wish to be indentified, please	e sign below.	
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y gr	ned:	e sign below.	eran
yo gr	ned:	e sign below.	eran
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y gr	Disabled Individual Disab  nployment Experience  t with your present or last job a  Employer:  Name  ob Title:  Dates Employed:  Start  Salary:	e sign below.  led Veteran Vietnam Era Vet and Include military service assign  Addr	nments and volunteer activities.
y gr gr an	Disabled Individual Disab  nployment Experience  t with your present or last job a  Employer: Name  ob Title: Dates Employed: Start  Salary: Supervisor:	e sign below.  led Veteran Vietnam Era Vet and Include military service assign  Addr	nments and volunteer activities.

Employer:	Address
ob Title:	
Dates Employed:Start	Final
Salary:	
Supervisor:	
Reason for Leaving:	
Employer:Name	Address
ob Title:	
Dates Employed:Start	Final
Salary:	
Supervisor:	
Reason for Leaving:	
Employer:Name	Address
ob Title:	
Dates Employed:Start	
Salary:	
Supervisor:	
Reason for Leaving:	
ecial Skills and Qualificatio	

<b>Education</b>						
High School:	_ Years Completed (Circle): 8 9 10 11 12					
Did you receive a diploma? Yes No						
College/University:	_ Years Completed (Circle): 1 2 3 4					
Did you receive a degree? Yes No If yes, w	what was your course of study?					
Did you receive training at any technical or vocation	onal school? Yes No					
If yes, please give details:						
State any additional information you feel maybe h	elpful to us in considering our application:					
Applicant'	s Statement					
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge. I understand that I am required to bide by the Personnel Policy of the Town of Luray, in the event of employment.						
Signature of Applicant	Date					
For Personnel Department Use Only						
Interview Date: Interview	wer:					
Date of Employment: Departm	nent:					
Job Title: Hourly	Rate/Salary:					