



# Employment Application

Town of Bluefield, Virginia  
 Pre-employment Questionnaire  
 An Equal Opportunity Employer

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_\_  
 How long have you been at this address? \_\_\_\_\_  
 If less than 2 years, list previous address: \_\_\_\_\_  
 \_\_\_\_\_

## POSITION INFORMATION:

What type of work or position are you applying for? \_\_\_\_\_  
 Are you applying for full time work? \_\_\_\_\_ Part time work? \_\_\_\_\_  
 Can you work overtime? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_ A CDL? \_\_\_\_\_  
 Do you have reliable transportation to and from work? \_\_\_\_\_  
 Are you legally eligible for employment in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.)  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
 Can you perform the essential functions of the job with or without reasonable accommodation?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Amount of wage expected: \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

## QUALIFICATIONS:

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address / City / State
School			
School			
Other			

What special qualifications do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 What type of machinery can you operate? \_\_\_\_\_  
 List any friends or relatives working for the town: \_\_\_\_\_  
 \_\_\_\_\_

## WORK HISTORY:

Start with your present or most recent employment and work back. Use separate sheet if necessary.

Job Title #1	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Pay	Ending Pay
Job Title #2	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Pay	Ending Pay
Job Title #3	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Pay	Ending Pay
Job Title #4	Start Date	End Date
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving	Starting Pay	Ending Pay

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I also understand that I am required to abide by all rules and regulations of the personnel policy of the Town of Bluefield. I understand that the Town of Bluefield conducts random drug and alcohol tests on its employees. I further understand that this is an application for employment, and that no employment contract is being offered herein.

I have read and understand the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date