

Town of Ashland
PO Box 1600
121 Thompson Street
Ashland, VA 23005, 804-798-9219
An Equal Opportunity Employer
Application for Employment



Employees of the Town of Ashland and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.	As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Town of Ashland.
--	---

1. Contact Information and Position of Interest

Position Applied for	
Full Legal Name (Last, First, and Middle)	
Address	
Home Phone	
Cell Phone	
Email Address	

2. Education

High School	
Name of High School Attended	Address of High School Attended
Dates Attended	Graduation Date

Did you graduate? Yes No If you did not complete high school, do you have a high school equivalency diploma? Yes No

Post-Secondary Education	
How many years of post-secondary education have you completed?	
If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:	

Name and Location of College or University Attended	Degree Received	Major/ Specialty & Minor	Dates Attended

3. Experience – use supplementary experience form(s) for additional space. Starting with your most recent, describe all paid, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities that best demonstrate your qualifications for this position. May we contact your present supervisor? Yes No

a.

Job Title	
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Start and End date (mo/yr)	
Starting salary and finishing or current salary	
Was this full or part time? If part time, how many hours per week	
Reason for leaving	
Equipment used	
Your name if difference from present	
Number and titles of employees you supervised	
Please list your duties at this position	

b.

Job Title	
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Start and End date (mo/yr)	
Starting salary and finishing or current salary	
Was this full or part time? If part time, how many hours per week	
Reason for leaving	
Equipment used	
Your name if difference from present	
Number and titles of employees you supervised	
Please list your duties at this position	

c.

Job Title	
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Start and End date (mo/yr)	
Starting salary and finishing or current salary	
Was this full or part time? If part time, how many hours per week	
Reason for leaving	
Equipment used	
Your name if difference from present	
Number and titles of employees you supervised	
Please list your duties at this position	

*Continue to page 7 if more space is required.

4. Additional skills, trainings, licenses, seminars, etc.

Use the space below for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, or specialized skills.

Type	License Number	Granted by (Licensing Board)

5. References – List names, addresses, phone numbers, and relationships of three people not related to you who know your qualifications.

Name	Address	Phone	Relationship

6. Miscellaneous

- a. Check which job status you will accept: Full Time Part Time (Specify)
- b. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- c. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so.
If you are/were required to register for the Selective Service, have you done so? Yes No.

If you answered no, state reason:	
-----------------------------------	--

- d. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs? Yes No If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- e. Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes No.

If yes, please provide the following: A Description of offense:	
If yes, Statute or ordinance (if known):	
If yes, Date of Charge:	If yes, date of Conviction:

7. Start Date

When will you be available to start work? Please provide the month, day, and year in the field below. (No date is necessary if you are available as soon as you give two (2) weeks notice.)	
---	--

8. Nepotism - Are you related to anyone who is currently employed by the Town of Ashland? Yes No

If you answered yes to the preceding question, please list the name and relationship of the Town of Ashland employee who you are related to in the field below.

Name	Relationship

9. Feedback

In the field below, please state how you found out about this employment opportunity.

10. Certification - I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Town of Ashland. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations, or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date	Applicant Signature

11. Supplemental Experience

a.

Job Title	
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Start and End date (mo/yr)	
Starting salary and finishing or current salary	
Was this full or part time? If part time, how many hours per week	
Reason for leaving	
Equipment used	
Your name if difference from present	
Number and titles of employees you supervised	
Please list your duties at this position	

b.

Job Title	
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Start and End date (mo/yr)	
Starting salary and finishing or current salary	
Was this full or part time? If part time, how many hours per week	
Reason for leaving	
Equipment used	
Your name if difference from present	
Number and titles of employees you supervised	
Please list your duties at this position	

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:	Check the block for the highest level of education you have completed (check only one):	Please Check the Appropriate Box:
<input type="checkbox"/> White (includes Arabian) <input type="checkbox"/> African American (includes Jamaican, Bahamians, and other Caribbeans of African but not Hispanic or Arabian Descent) <input type="checkbox"/> Hispanic (includes person of Mexican and other Spanish origin or culture) <input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians, & Pacific Islanders) <input type="checkbox"/> American Indians (Includes Alaskans)	<input type="checkbox"/> Less than 8 th grade <input type="checkbox"/> Completed 8 th grade <input type="checkbox"/> Attended high school <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Attended college and/or associate degree <input type="checkbox"/> College graduate <input type="checkbox"/> Attended graduate school <input type="checkbox"/> Master's degree <input type="checkbox"/> Graduate study beyond master's requirements <input type="checkbox"/> Ph.D. or professional degree	<input type="checkbox"/> Female <input type="checkbox"/> Male
		Please indicate your date of birth in the field below:
		NOTE: The age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.