

TOWN OF CLEVELAND

6654 CLEVELAND ROAD
CLEVELAND, VA 24225

TEL: (276) 889-4365 FAX: (276) 889-4365

EMAIL: townofclevelandva@gmail.com WEBSITE: CLEVELANDVA.COM

Office Use: Date Received: _____

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Social Security Number: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Have you ever been employed by us before? Yes: _____ No: _____ If yes, when & why did your employment end? _____

Position desired

Title: _____ Desired hourly rate: \$ _____

Work Eligibility

Are you eligible to work in the United States? Yes _____ No _____

Are you available to work holidays? Yes _____ No _____

When will you be available to begin work? _____

Are you 18 or older? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____

Do you have a medical condition that would keep you from performing your duties? Yes _____ No _____ If yes, describe _____

Have you ever been convicted of or pleaded no contest to a felony within the last five years? *Yes _____ No _____ If yes, please explain _____

*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, machine operation experiences, etc.)? _____

How did you hear of our organization? _____



Availability

Days Available: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Total Hours Available: _____ Hours Available: From _____ to _____

Education

High School: _____ City: _____ State: _____

College: _____ City: _____ State: _____

Course of Study: _____ # of Years Completed: _____

Did you graduate? Yes _____ No _____ Degree: _____

Employment History

Please give accurate and complete employment record. Start with present or most recent employer. Include military experience if applicable.

Position # 1

Company Name: _____ City: _____ State: _____

Job Title: _____ Name of Supervisor _____

Employed: (Month & Year) From: _____ To _____ Hourly Rate:\$ _____

Describe Your Work: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

Position # 2

Company Name: _____ City: _____ State: _____

Job Title: _____ Name of Supervisor _____

Employed: (Month & Year) From: _____ To _____ Hourly Rate:\$ _____

Describe Your Work: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

Position # 3

Company Name: _____ City: _____ State: _____

Job Title: _____ Name of Supervisor _____

Employed: (Month & Year) From: _____ To _____ Hourly Rate:\$ _____

Describe Your Work: _____

May we contact this employer? Yes _____ No _____ If no, why? _____

Reason for leaving? _____

I authorize investigation on all statements contained in this application. I certify that the information given on this application and on any supporting documentation is true. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature: _____ **Date:** _____