

TOWN OF GATE CITY

156 E JACKSON ST.
GATE CITY, VA 24251

Office: 276-386-3831
Fax: 276-386-7789



Mayor:

Mark Jenkins

Vice Mayor:

Rita Tipton

Council Members:

Roger Cassell

Tommy Herron

Carl Hurt

Frances Perry

APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name: _____

Social Security Number: - -

Last

First

Middle

Present Address: _____

City

State

ZIP

Permanent Address: _____

City

State

ZIP

Phone No.: _____ Are you 18 years or older? _____ Yes _____ No

Are you either a U.S. citizen or an alien authorized to work in the United States? _____ Yes _____ No

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Referred By: _____

Education

	Name and Location of School	Years Attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade or Business School				

General

Subjects of special study or research work: _____

Special skills: _____

Activities: (Civic, athletic, etc.) _____

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.)

U.S. Military or Naval Service: _____

Rank: _____

Present membership in National Guard or Reserves: _____

Former Employers

(List below last three employers, starting with last one first):

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Years Acquainted	Business
1).			
2).			
3).			

In case of emergency notify:

Address:

Phone No:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

Date:

Signature:

Do not write below this line

Interviewed by:

Date:

Remarks:

Neatness:

Ability:

Hired: Yes No

Position:

Dept:

Salary/Wage:

Date reporting to work:

Approved: 1.

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Employment Manager

Department Head

General Manager