



# City of Radford, Virginia

*"The New River City"*

## EMPLOYMENT APPLICATION

### Policy on Non-Discrimination

It is the policy of the City of Radford to provide for equal employment opportunities for all its employees and applicants. Employment will be based solely on individual qualifications related to the specific job without regard to race, color, sex, age, religion, national origin, handicapped status, political affiliation or other non-merit factors.

<i>Position Applied For</i>		<i>How did you find out about this employment opportunity?</i>	
<i>Full Legal Name (Last, First, Middle)</i>		<i>Nickname or Other Names Used</i>	
<i>Driver's License Number</i>	<i>State of Issue</i>	<i>Home Phone Number</i>	<i>Cell Phone Number</i>
<i>Address (Numeric and Street Name)</i>		<i>Email Address:</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	

### Education:

Please describe all education, to include high school, college and vocational schools. If you need additional space, please use a supplemental form.

<i>High School Name</i>	<i>Did you Graduate</i>	<i>Dates attended (MM/YY)</i>	
<i>High School Address (Numeric and Street)</i>	<i>Highest Grade Completed</i>		<i>Do you have a GED?</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>

<i>College / Institution Name</i>		<i>Number of hours completed</i>	<i>Dates attended (MM/YY)</i>	
<i>College / Institution Address (Numeric and Street)</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Major / Specialty</i>	<i>Minor</i>		<i>Degree Received</i>	
<i>If you expect to complete your educational program in the near future, please indicate what type of degree and when you expect to receive it</i>				



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### Experience:

Please describe all paid and voluntary experience for the past ten years starting with the most recent. You may list significantly different jobs within the same organization as separate items. If you need additional space, please use a supplementary experience form.

Employer		Job Title	
Immediate Supervisor and Title		Phone Number	
Employer Address (Numeric and Street)		City	State      Zip
Begin Date	End Date	Beginning Salary	Ending Salary
Responsibilities / Duties			
Reason For Leaving			May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Job Title	
Immediate Supervisor and Title		Phone Number	
Employer Address (Numeric and Street)		City	State      Zip
Begin Date	End Date	Beginning Salary	Ending Salary
Responsibilities / Duties			
Reason For Leaving			May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No



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### **References:**

List names, addresses and relationships of three persons not related to you who know your qualification

Name (Last, First, Middle)		Relationship	
Address (Numeric and Street Name)			
Address City		State	Zip
Home Phone Number	Cell Phone Number	Email Address	

Name (Last, First, Middle)		Relationship	
Address (Numeric and Street Name)			
Address City		State	Zip
Home Phone Number	Cell Phone Number	Email Address	

Name (Last, First, Middle)		Relationship	
Address (Numeric and Street Name)			
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### Miscellaneous:

1. Are you willing to provide your own transportation if necessary for your employment?  Yes  No

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2. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No

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3. If you are or were required to register for the Selective Service, have you done so?  Yes  No

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4. 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 service-connected disability rating fixed by the United States Veterans Affairs?  Yes  No

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5. When will you be available to start work?  
(No date is necessary if you are available as soon as you give two (2) weeks' notice.)  Yes  No

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6. Have you ever been convicted\* \* for any violation(s) of law, including moving traffic violations?  
If YES, please provide the following:  Yes  No

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Statute / Ordinance	Date of Charge	Date of Conviction	County, City, State

### **CERTIFICATION** – Each Application Requires Current Date and Original Signature

*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 City of Radford. I understand that all information on this application is subject to verification and I consent to criminal history, driving and financial background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the City of Radford 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.*

*Applicant's Signature:*

*Date:*

\*\* Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.



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### Supplemental Form

**Education:**

<i>High School Name</i>		<i>Did you Graduate</i>	<i>Dates attended (MM/YY)</i>	
<i>High School Address (Numeric and Street)</i>		<i>Highest Grade Completed</i>		<i>Do you have a GED?</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>	

<i>High School Name</i>		<i>Did you Graduate</i>	<i>Dates attended (MM/YY)</i>	
<i>High School Address (Numeric and Street)</i>		<i>Highest Grade Completed</i>		<i>Do you have a GED?</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>	

<i>College / Institution Name</i>		<i>Number of hours completed</i>		<i>Dates attended (MM/YY)</i>	
<i>College / Institution Address (Numeric and Street)</i>		<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Major / Specialty</i>		<i>Minor</i>		<i>Degree Received</i>	
<i>If you expect to complete your educational program in the near future, please indicate what type of degree and when you expect to receive it</i>					

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Employer Address (Numeric and Street)	City	State	Zip
Begin Date	End Date	Beginning Salary	Ending Salary
Responsibilities / Duties			
Reason For Leaving			May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Job Title	
Immediate Supervisor and Title		Phone Number	
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