



**TOWN OF
CLARKSVILLE**
An Equal Opportunity Employer
Application for Employment

321 Virginia Avenue
P.O. Box 1147
Clarksville, VA 23927
Phone: 434-374-8177
Email:
townmanager@clarksvilleva.org

Employees of the Town of Clarksville 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, sexual identity, sexual orientation, gender, or age.

As a mean 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 Clarksville at 434.374.8177

Position Applied For: _____
(one per application)

GENERAL INFORMATION

Full Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Mailing Address (if not the same as above): _____
Street City State Zip

Home Phone: _____ **Cell Phone:** _____ **E-mail Address:** _____

EDUCATION

Do you have a high school diploma or GED? ☐ Yes ☐ No

Check number of years of post-high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Name and Location of High School and/or College	Degree Received	Major or Specialty	Minor	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE

Starting with the most recent, describe *ALL* paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. *Use Supplementary Experience Form(s) for additional space.*

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time **Hours/week** _____

Duties: _____

Reason for Leaving: _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time Hours/week _____

Duties: _____

Reason for Leaving: _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time Hours/week _____

Duties: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION

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

(If applicable) **Typing speed** _____ **words per minute.**

License, certificate, or other authorization to practice a trade or profession:

Type	License Number	Granted by (licensing board)
_____	_____	_____

REFERENCES

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

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? _____ Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certificate 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.

CERTIFICATION (Each application requires current date and original signature)

By my signature below, I certify that all information submitted in this application for employment is true and complete. I understand that it is subject to verification and any falsification or omission, regardless of time of discovery, may result in my application being removed from consideration or separation from employment, if hired. I authorize the Town to contact the references, former employers and educational institutions listed about the information I have provided. I further authorize the Town to consider the information received from such sources, as it sees fit in the course of my application and/or employment.

Applicant Signature: _____ **Date:** _____

How did you find out about this opening? ☐ Town Website ☐ Govtjobs.com ☐ Newspaper ☐ Other _____

TOWN OF CLARKSVILLE
Application for Employment
Supplementary Experience Form

Full Legal Name: _____ **Position Applied For:** _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time **Hours/week** _____

Duties: _____

Reason for Leaving: _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time **Hours/week** _____

Duties: _____

Reason for Leaving: _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time **Hours/week** _____

Duties: _____

Reason for Leaving: _____

Job Title: _____ **Employer:** _____

Employer Address: _____ **Phone:** _____

Immediate Supervisor & Title: _____ **Salary:** (start) _____ (finish) _____

Dates: (mo/yr) _____ to (mo/yr) _____ **Status:** ☐ Full-time ☐ Part-time **Hours/week** _____

Duties: _____

Reason for Leaving: _____