

# APPLICATION FOR EMPLOYMENT

**Town of Honaker**  
P.O. Box 746  
455 Heritage Drive  
Honaker, Virginia 24260  
276-873-6556

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security Number

Present Address \_\_\_\_\_  
Street City State Zipcode

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Have you been convicted of a felony or  
misdemeanor within the last 15 yrs? \_\_\_\_\_ If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT WITH THE TOWN OF HONAKER**  
Have you been previously employed with the town? \_\_\_\_\_  
If yes, what department and dates employed:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT DESIRED**  
Position \_\_\_\_\_ Date you can start: \_\_\_\_\_  
Salary desired: \_\_\_\_\_ Are you employed now? \_\_\_\_\_  
If so, may we inquire of you present employer? \_\_\_\_\_

**EDUCATION**

	Name & Location of School	# Yrs Attended	Graduate	Subjects Study
Grammar School	/	/	/	/
High School	/	/	/	/
College	/	/	/	/
Trade, Business Sch.	/	/	/	/

**FORMER EMPLOYERS**  
(List below last three employers, starting with last one first.)

Date, Month, Year	Name / Address	Salary	Position	Reason for Leaving
1	/	/	/	/
2	/	/	/	/
3	/	/	/	/

**REFERENCES**

	Name	Address	Business	Yrs Acquainted
1.	/	/	/	/
2.	/	/	/	/
3.	/	/	/	/

**PHYSICAL RECORD**

**Do you have any physical limitations that preclude you from performing any work for which you are being considered?** \_\_\_\_\_

**If yes, please describe:** \_\_\_\_\_

**In case of an emergency, notify** \_\_\_\_\_

**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 pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I also authorize the consent of a criminal background check.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

**INTERVIEWED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HIRED** \_\_\_\_\_ **POSITION** \_\_\_\_\_ **DEPT.** \_\_\_\_\_

**SALARY / WAGE** \_\_\_\_\_ **DATE REPORTING TO WORK** \_\_\_\_\_