



Application for Employment

Employees of the City of Roanoke and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex or age.

Position applied for _____ Department _____
(One per Application)

Position Number

(Application will not be processed without number)

PERSONAL DATA

- | | |
|--|--|
| <p>1. Legal Name _____
Last First Middle</p> <p>2. Address _____
Number and Street _____
City State Zip Code</p> | <p>3. Social Security Number _____</p> <p>4. Home Phone (____) _____</p> <p>5. Business Phone (____) _____</p> <p>6. Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. Applicants for Deputy Sheriff, Firefighter or Police Officer must be at least 21 years of age.</p> |
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EDUCATION

8. A. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
- B. Have you completed high school or high school equivalent program? Yes ___ No ___
If yes, specify: Name of School: _____
- C. Circle number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution (Post High School)	Hrs. Completed	Degree Received	Major or Specialty	Minor	Dates Attended

EXPERIENCE

9. Use supplemental experience form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable volunteer 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.

a.	Job Title _____ _____ Employer _____ _____ Address _____ _____ Phone _____ Type of Business _____ _____ Immediate Supervisor _____ Title _____ _____ Salary (start) _____ (finish) _____ Dates: from (mo/yr) _____ to (mo/yr) _____ Full-time _____ Part-time _____ Hours/Week _____	Duties _____ _____ _____ _____ Number and titles of employees you supervised _____ _____ Equipment used _____ _____ Reason for leaving _____ _____ Your name, if different from present _____ _____
b.	Job Title _____ _____ Employer _____ _____ Address _____ _____ Phone _____ Type of Business _____ _____ Immediate Supervisor _____ Title _____ _____ Salary (start) _____ (finish) _____ Dates: from (mo/yr) _____ to (mo/yr) _____ Full-time _____ Part-time _____ Hours/Week _____	Duties _____ _____ _____ _____ Number and titles of employees you supervised _____ _____ Equipment used _____ _____ Reason for leaving _____ _____ Your name, if different from present _____ _____
c.	Job Title _____ _____ Employer _____ _____ Address _____ _____ Phone _____ Type of Business _____ _____ Immediate Supervisor _____ Title _____ _____ Salary (start) _____ (finish) _____ Dates: from (mo/yr) _____ to (mo/yr) _____ Full-time _____ Part-time _____ Hours/Week _____	Duties _____ _____ _____ _____ Number and titles of employees you supervised _____ _____ Equipment used _____ _____ Reason for leaving _____ _____ Your name, if different from present _____ _____

EXPERIENCE: (Continued)

d. **Job Title** _____ **Duties** _____

Employer _____

Address _____

Phone _____
Type of Business _____

Immediate Supervisor _____
Title _____

Salary (start) _____
(finish) _____
Dates: from (mo/yr) _____
to (mo/yr) _____
Full-time _____ **Part-time** _____
Hours/Week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name, if different from present _____

Have you ever been dismissed or forced to resign? Yes ___ No ___ If so, please explain: _____

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

f. Automated word processing (specify equipment): _____
Typing speed: _____ wpm Shorthand speed: _____ wpm Dictaphone: Yes ___ No ___

g. License (to include driver's and commercial driver's license, if applicable), certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (Licensing Board)

If you have a valid commercial driver's license issued by the Commonwealth of Virginia, what class is it?

A ___ B ___ C ___ Endorsements _____

REFERENCES

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

Name	Address	Phone	Relationship

MISCELLANEOUS

11. Check appropriate box(es):

- a. Which shift will you accept: Day Evening Night Rotating Weekends
Specify shift hours: _____
- b. Which job status would you accept: Full-time Part-time (specify) _____
- c. Which employment status would you accept: Regular (benefits) Temporary (no benefits)
- d. Have you ever worked for the City of Roanoke before? Yes No
If yes, where: _____
Do you currently have relatives employed by the City? Yes No
If yes, who: _____
- e. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification 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.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No
- g. Do you believe you qualify for a veteran's preference? Yes No
If so, complete the following:
Branch: _____ Date(s) of enlistment: _____
Rank on date of separation: _____ Date and type of discharge: _____
- h. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? Yes No
If yes, list all such convictions, including court location and approximate date: _____

AVAILABILITY

12. 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.) _____ Month _____ Day _____ Year

CERTIFICATION -- Each application requires current date and original signature.

13. I hereby certify that all entries 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 of my employment with the City of Roanoke. I further authorize the City of Roanoke to obtain my criminal history record and check my driving record now and during the course of my employment as the City may deem necessary.

I understand that the City may be required to provide information concerning my application for employment and my employment history to Federal or State agencies for use in any employment-related investigations or inquiries.

Signature _____ Date _____

To meet the requirements of federal regulations, we need to collect information on the questions below for record keeping purposes. This information will NOT be used for making employment decisions and will NOT be kept with your application for employment.

Check the appropriate

- Female
- Male
- Disabled

Check the box for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaicans, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the box indicating the highest level of education you have completed (check ONLY one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Position applied for _____

Position number _____

FOR OFFICE USE ONLY

EEO Category _____

How did you find out about this job opportunity?

- Friend
- Job Line
- Newspaper
- Employment Opportunities Listing

Other (please specify): _____

PLEASE INCLUDE THIS PAGE WITH YOUR APPLICATION BUT DO NOT ATTACH