Town of St. Paul, Virginia

P. O. Box 66

St. Paul, Virginia 24283

276-762-5297

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

| Name . | _Date of application | | | | | | |
|---|---|--|--------------|---------------------------------------|-----------------------------|------------------|--|
| LAST | FIRST | MIDDLE | | | | | |
| Address | City | - W. | State | Zip | | | |
| Telephone | E | | | | | | |
| 1. GENERAL INFORMATE YOU able to perform the essent accommodation? Yes Have you been convicted of any conviction will not automatically be position for which you are applying explain: | ntial job functions of the pos No y felonies other than mino par employment, but will be | r traffic violations d considered only as | urina the r | ast seven year | s? (A criminal reco | rd or a | |
| 2. EDUCATION & TR | | | | | | | |
| Circle last grade completed - Name & Address of School | Grade 1 2 3 4 5 6 | 7 8 9 10 11 12 | | 1 2 3 4 Mas Major ourse studied | Graduated or degree (Yor N) | Average Grade | |
| Last High School Attended/Add College or University/Address | ress: | | | | | | |
| College or University/Address Graduate, etc.) /Address List any scholarships, academic h | nonors, awards or special a | chievements: | ition you ar | e applying for:_ | | | |
| If required, will you work? | Rotating shifts YES | □ NO Saturda | ıys 🗌 YES | . □ NO | | | |
| | Overtime YES | | s YES | | | | |
| Position applying for, be specific: | | Salary Ro | equirement | rements | | | |
| State fully why you believe you ar | e qualified for this position | | | | | | |
| NTERESTS / ACCOMPLISHME! accomplishments gained while wo (s) you are seeking. Names or o | Date you can start | | | | | | |
| | | | | | | | |

EMPLOYMENT HISTORY

Signature

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer?

PRESENT OR MOST RECENT EMPLOYER

| FULL NAME OF COMPANY | | (AREA CODE) | TELEPHONE | SALARY BEGIN | EMPLOYED FROM TO | | |
|---|-----------------------------|-------------------------------------|---------------------------------|---------------------------|-----------------------|--|--|
| STREET ADDRESS | CITY | STATE | ZIP | END | MO/YR MO/YR | | |
| NAME & TITLE OF SUPERVISOR | | TITLE OF YOUR I | REASON FOR | REASON FOR LEAVING: | | | |
| LIST JOBS HELD, DUTIES PERFORMED, SK | AND POST | 2004 DOSESSES | | | | | |
| and was | V. LINE TO SELECT | on a stoler | Marin State State | | | | |
| FULL NAME OF COMPANY | | (AREA CODE) | TELEPHONE | SALARY BEGIN | EMPLOYED FROM TO | | |
| STREET ADDRESS | CITY | STATE | ZIP | END | MO/YR MO/YR | | |
| NAME & TITLE OF SUPERVISOR | CIT Se | TITLE OF YOUR | REASON FOR | REASON FOR LEAVING: | | | |
| UST JOBS HELD, DUTIES PERFORMED, SKI | ILLS USED, & PROMOTIONS W | HILE EMPLOYED AT THIS COMPAN | NY: | | | | |
| | BEATING TOWN | | | | | | |
| | | Terrolling y | agrio neg nuiĝ | Sales Principle | v 9000 | | |
| FULL NAME OF COMPANY | | (AREA CODE) | TELEPHONE | SALARY BEGIN | FROM TO | | |
| STREET ADDRESS | спү | STATE | ZIP | END | MO/YR MO/YR | | |
| NAME & TITLE OF SUPERVISOR | | TITLE OF YOUR | REASON FOR | REASON FOR LEAVING: | | | |
| LIST JOBS HELD, DUTIES PERFORMED, SKI | ILLS USED, & PROMOTIONS W | HILE EMPLOYED AT THIS COMPAN | NY: | | | | |
| | the terms | | AL - Klaus-Hel - | theathg 9 | July and the state of | | |
| | 54 2 m | Contract The a | E min- | | | | |
| FULL NAME OF COMPANY | 74.) 34. | (AREA CODE) | TELEPHONE | SALARY BEGIN | EMPLOYED FROM TO | | |
| STREET ADDRESS | CITY | STATE | ZIP | END | MO/YR MO/YR | | |
| NAME & TITLE OF SUPERVISOR | | TITLE OF YOUR | POSITION | DEASON FOR | LEAVING | | |
| LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY: | | | | | REASON FOR LEAVING: | | |
| | Page Feb | | | | Carried A | | |
| | | 4/11 | | | | | |
| READ CAREFULLY: certify that | t the information contained | in this application is correct to 1 | the best of my knowledge and un | derstand that any misstat | ement or omission of | | |

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.

Date