

**APPLICATION FOR EMPLOYMENT  
TOWN OF CREWE, VIRGINIA**

125 East Carolina Avenue  
Crewe, VA 23930  
Phone 434-645-9453 Fax 434-645-1240

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We consider applicants for all positions without regard to race, sex religion, national origin, age, veteran status, or disability. The Town of Crewe is an Equal Opportunity Employer.

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(PLEASE PRINT)

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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Last Name	First Name	Middle Initial
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Address	City	State	Zip Code
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Telephone Number \_\_\_\_\_

If you are under the age of 18, can you provide proof of eligibility to work?  Yes  No

Do you have a valid Virginia Drivers License?  Yes  No

Do you have a CDL License?  Yes  No

Have you worked here before?  Yes  No

If yes, give dates: \_\_\_\_\_

Do you have Visa or Immigrations status?  Yes  No  
(Proof of Citizenship or Immigration status will be required upon employment)

When can you start work? \_\_\_\_\_

Are you available to work:

Full Time  Part Time  Shift  Temporary

Are you on "laid off" status or subject to recall?  Yes  No

Can you travel, including overnight, if required?  Yes  No

Have you been convicted of a crime?

\_\_Yes \_\_No

If yes, list offense and the date of a conviction, including parking violations.

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**Education**

	Elementary	High School	College	Graduate
Name & Location Of School				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Describe any specialized training, skills, apprenticeship or extra curricular activities.				
Describe any honors received.				
Provide any additional information you feel will be helpful in considering your application.				

**References:**

List the name, address and telephone number of three persons not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Employment Experience:**

List employers beginning with your most recent. Include military service.

<b>1. Employer</b>	Dates Worked From To	Work Performed
Address	Salary/Hour Start Final	
Telephone Number		
Job Title	Supervisor	
Reason For Leaving		
<b>2. Employer</b>	Dates Worked From To	Work Performed
Address	Salary/Hour Start Final	
Telephone Number		
Job Title	Supervisor	
Reason For Leaving		
<b>3. Employer</b>	Dates Worked From To	Work Performed
Address	Salary/Hour Start Final	
Telephone Number		
Job Title	Supervisor	
Reason For Leaving		

**Special Skills and Qualifications**

Summarize special job related skills and qualifications.

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**List professional, trade, business or civic activities.**

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**Certification**

I certify by my signature that the information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, as it may be necessary to arrive at an employment decision, up to and including a complete medical physical and criminal background investigation.

In the event of employment, I understand that any false or misleading information in this application or interview(s) may result in discharge.

I understand that I will be required to abide by all rules and regulations of the Town of Crewe.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Authorization**

“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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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

Interviewed By: \_\_\_\_\_ Date \_\_\_\_\_