



Town of Luray
45 East Main Street
P.O. BOX 629
Luray, VA 22835
(540) 743-5511

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of non-job related medical conditions or disabilities.

(Please print or type)

Date of Application: _____

Position(s) Applied For: _____

Referral Source: ☐ Newspaper Advertisement ☐ Friend/Relative ☐ Internet Advertisement ☐ Walk-in ☐ Other

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: _____ Alternate Telephone Number: _____

Email Address: _____

If employed and you are under the age of 18, can you furnish a work permit? ☐ Yes ☐ No

Have you ever been employed by the Town of Luray? ☐ Yes ☐ No

Have you submitted an application to the town before? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in the United States? ☐ Yes ☐ No

Is someone who is related to you by blood or marriage employed by the Town of Luray? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary/Seasonal

Are you a lay-off subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Do you possess a valid Virginia driver's license? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify an applicant for employment) ☐ Yes ☐ No

If yes, please explain: _____

Veteran of the U.S. Military Service? ☐ Yes ☐ No

An Equal Opportunity Employer

List professions trade, business, or civic activities and offices held: _____

List three references who are NOT related to you and are not previous employers:

	Name	Title/Business	Telephone Number
1			
2			
3			

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with a physical or mental disability:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era.

If you are a veteran, or have a physical or mental disability, you are invited to VOLUNTEER this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will NOT jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Signed: _____

____Disabled Individual ____Disabled Veteran ____Vietnam Era Veteran

Employment Experience

Start with your present or last job and Include military service assignments and volunteer activities.

1.

Employer: _____
Name Address

Job Title: _____

Dates Employed: _____
Start Final

Salary: _____

Supervisor: _____

Reason for Leaving: _____

2.

Employer: _____
Name Address

Job Title: _____

Dates Employed: _____
Start Final

Salary: _____

Supervisor: _____

Reason for Leaving: _____

3.

Employer: _____
Name Address

Job Title: _____

Dates Employed: _____
Start Final

Salary: _____

Supervisor: _____

Reason for Leaving: _____

4.

Employer: _____
Name Address

Job Title: _____

Dates Employed: _____
Start Final

Salary: _____

Supervisor: _____

Reason for Leaving: _____

Special Skills and Qualifications

Summarize special skills and qualification acquired from employment or education: _____

Education

High School: _____ Years Completed (Circle): 8 9 10 11 12

Did you receive a diploma? ____Yes ____No

College/University: _____ Years Completed (Circle): 1 2 3 4

Did you receive a degree? ____Yes ____No If yes, what was your course of study? _____

Did you receive training at any technical or vocational school? ____Yes ____No

If yes, please give details: _____

State any additional information you feel maybe helpful to us in considering our application: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge. I understand that I am required to abide by the Personnel Policy of the Town of Luray, in the event of employment. I understand that a background check may be necessary. By signing the application, the applicant authorizes the Town to complete such a check, and to utilize the information contained therein as part of the application review process. Any additional information needed to complete this search will be provided by the applicant as requested. A formal background search form with the Virginia State Police may be required to be completed in addition to the regular application. A check may be utilized as part of a post-offer, pre-employment condition.

I understand that pre-employment drug testing may be required by the town.

Signature of Applicant

Date

For Personnel Department Use Only

Interview Date: _____ Interviewer: _____

Date of Employment: _____ Department: _____

Job Title: _____ Hourly Rate/Salary: _____