

# Application For Employment

## Town of Hurt, Virginia

Revision Date: June 7, 2018

We are an Equal Opportunity Employer committed to excellence through diversity.

Active Memberships: Virginia Municipal League and Danville-Pittsylvania Chamber of Commerce

Email: clerk@townofhurtva.org  
Web: https://townofhurtva.gov  
Phone: (434) 608-0554  
FAX: (434) 205-1177

533 Pocket Road  
P.O. Box 760  
Hurt, VA 24563

**COMPLETE ALL 3 PAGES.**  
Incomplete or improperly completed applications will not be considered.

Please print or type.

### Personal Information

Name (First/Mid/Last)

SSN (xxx-xx-xxxx)

DOB (mm/dd/yyyy)

Address	City	State	ZIP Code
---------	------	-------	----------

Phone Number	Mobile Number	Email Address
--------------	---------------	---------------

Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?  
Yes  No

### Position

Job/Title You Are Applying For	Available Start Date	Desired Salary
--------------------------------	----------------------	----------------

Classification Desired  Full Time  Part Time  Seasonal/Temporary

### Education (beginning with highest or most recent)

School Name	City/State	Dates Attended	Degree or Diploma Received	Major/Concentration

### References (professional/occupational and not related to you)

Name	Title	Company	Phone

**Employment History (Begin with current or most recent employer and attach a separate sheet if necessary).**

<b>Employer (1)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (2)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (3)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (4)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (5)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/Zip</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>

**Signature and Disclaimer**

I certify that my answers are true and complete to the best of my knowledge, and I authorize the Town of Hurt, Virginia to conduct any background and/or reference checks it may deem appropriate, as permitted by law, to verify the validity of the information provided herein and to inquire appropriately about my character and job performance as relevant to qualification for the position(s) for which I am applying. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my discharge from employment.

<b>Name (Please Print)</b>	<b>Signature</b>
<b>Date</b>	

# The Town of Hurt

Incorporated In 1967



HURT, VIRGINIA 24563-0760

533 Pocket Road  
P.O. Box 760  
Web: <https://townofhurtva.gov>

Phone (434) 608-0554  
FAX (434) 205-1177  
Email: [clerk@townofhurtva.org](mailto:clerk@townofhurtva.org)

## BACKGROUND CHECK RELEASE FORM

I (print name), \_\_\_\_\_ hereby authorize the Town of Hurt Police Department to conduct a background investigation concerning any criminal records, driver license information, traffic convictions, personal history, credit report, educational, and health records pursuant to my consideration for employment. I authorize all agencies to release any information they have on record for this purpose.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Employee/Official

\_\_\_\_\_  
Date

**Note: If not witnessed by a town employee/official, this document must be notarized.**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Seal: