

Application For Employment

Town of Hurt, Virginia

Revision Date: July 17, 2019

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.gov
Web: 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
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Phone Number	Mobile Number	Email Address
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Are you a U.S. citizen?
Yes No

Have You Ever Been Convicted Of A Felony?
Yes No

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
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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).

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

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.

Name (Please Print)	Signature
Date	

The Town of Hurt

Incorporated In 1967



HURT, VIRGINIA 24563-0760

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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: