APPLICATION
FOR EMPLOYMENT

Town of **Narrows, VA**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

Last Name	First Name	Middle Name

Address	Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number

Best time to contact you at home is:	____:_____ AM or PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If **Yes**, give date_____	Yes	No
Have you ever been employed with us before? If **Yes,** give date_____	Yes	No
Do any of your friends or relatives, other than a spouse, work here? If **Yes**, state name, relationship and department_____	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship or immigration status will be required upon employment)*	Yes	No

Date available for work   ___/___/_____   What is your desired salary range?_____

Are you available to work
- □ Full Time
- □ Part Time
- □ Temporary (Please indicate dates available   ___/___/___ - ___/___/___

Are you currently on "lay off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				

WORK EXPERIENCE

Employer _____

Address _____

Telephone Number(s) _____

Starting/Present Job Title _____

Supervisor _____

Reason For Leaving _____

Dates Employed

From - To
_____

Hourly Rate/Salary

Work Performed

May We Contact?
Yes_____ /No_____

Employer _____

Address _____

Telephone Number(s) _____

Starting/Present Job Title _____

Supervisor _____

Reason For Leaving _____

Dates Employed

From - To
_____

Hourly Rate/Salary

Work Performed

May We Contact?
Yes_____ /No_____

Employer _____

Address _____

Telephone Number(s) _____

Starting/Present Job Title _____

Supervisor _____

Reason For Leaving _____

Dates Employed

From - To
_____

Hourly Rate/Salary

Work Performed

May We Contact?
Yes_____ /No_____

Employer
_____

Address
_____

Telephone Number(s)
_____

Starting/Present Job Title
_____

Supervisor
_____

Reason For Leaving
_____

Dates Employed

From - To	**Work Performed**
Hourly Rate/Salary	

May We Contact?
Yes_____ /No_____

COMMENTS: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. _(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.)_

ADDITIONAL INFORMATION

Other Qualifications _summarize special job- related skills and qualifications acquired from employment or other experience_

PERSONAL/PROFESSSIONAL REFERENCES: _Do not include family members or past supervisor._

Name	Phone Number	Best Time to Call
1)		
2)		
3)		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____	_____
Signature of Applicant	Date

INFORMATION REQUEST

DMV www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

CRD 93 (07/01/2015)

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION

REQUESTER FULL NAME (last, first, mi, suffix)	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*

ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER ( )	USE AGREEMENT NUMBER (if applicable)

STREET ADDRESS	ACCESS CODE (if applicable)

CITY	STATE	ZIP CODE

REASON FOR REQUEST (be specific) (attach additional sheets if necessary)

SUBJECT INFORMATION

If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).

SUBJECT FULL NAME (last, first, mi, suffix)   ☐ CHECK TO INDICATE **SUBJECT NAME AND ADDRESS** IS THE SAME AS THE REQUESTER ABOVE.

STREET ADDRESS

CITY	STATE	ZIP CODE

INFORMATION REQUESTED

Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.

☐ **DRIVING RECORD INFORMATION** (Includes license history and conviction data) (complete SUBJECT INFORMATION above)

SUBJECT DRIVER LICENSE NUMBER	**or**	SUBJECT BIRTH DATE (mm/dd/yyyy)

REASON FOR REQUEST (Check the applicable box) ☐ Personal Use, Court, or Attorney   ☐ Employment, School, or Military   ☐ Insurance

An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.

SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

☐ **VEHICLE INFORMATION** (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

☐ **POLICE CRASH REPORT**

IMPORTANT NOTE: The Department may only release a full crash report to a person involved in the crash, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. Virginia Code § 46.2-379 permits the Department to release the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer to an individual authorized by federal or state law to obtain the information. You must supply the applicable federal or state statutory authority as part of your request.

Check one or more boxes to indicate your involvement in the crash:

☐ I was a DRIVER   ☐ I was a PASSENGER   ☐ I am a VEHICLE OWNER

☐ I am the OWNER of property involved in the crash   ☐ I legally REPRESENT an involved person   ☐ I was injured

☐ I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.

☐ I am the next of kin of a person 18 years of age or older who was injured or killed in the crash.

☐ I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which the person has applied for issuance or renewal of a policy of automobile insurance.

☐ I am applying in accordance with VA Code § 46.2-379, I was **NOT** involved in the crash **AND** I do not legally represent an involved person.

The applicable federal or state statutory authority for my request is: _____

CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER

1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)   2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)   4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)