



CITY OF BUENA VISTA

2039 Sycamore Ave, Buena Vista, VA 24416

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
Have you ever been convicted of a felony?		YES	NO	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
List all additional education, titles, licenses and skills that will be helpful in this position					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that all information on this application is subject to verification and I consent to a criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the City of Buena Vista to rely upon and use, as it sees fit, any information received from such contacts. Applicant will be subject to a pre- employment and random drug screen.</p>	
Signature	Date

Return application to:
City of Buena Vista
Attn: Public Works
2039 Sycamore Ave.
Buena Vista, VA 24416
Fax: 540-261-1530

CITY OF BUENA VISTA, VIRGINIA

EQUAL EMPLOYMENT OPPORTUNITY FORM

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City State ZIP Code

Home Phone: () Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

| |

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Other _____ | | |