

# CITY OF LEXINGTON

300 East Washington Street  
Post Office Box 922  
Lexington, Virginia 24450  
(540) 462-3729 Fax (540) 463-5310

# APPLICATION FOR EMPLOYMENT

POSITION: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**INSTRUCTIONS:** Please print or type all information. This application for employment shall be considered active for a period 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.

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. Proof of citizenship or immigration status will be required upon employment.

**We are an Equal Opportunity Employer.**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Phone Numbers</b>	
<b>Address</b>	<b>City</b>		<b>State</b>	<b>Zip code</b>
<b>Email Address:</b> _____				
<b>Best time and manner to contact you:</b> _____				

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<b>Are you currently employed?</b>	<b>Yes</b>	<b>No</b>	<b>May we contact your present employer?</b>	<b>Yes</b>	<b>No</b>
<b>Date available for employment:</b>	_____		<b>Can you travel if a job requires it?</b>	<b>Yes</b>	<b>No</b>
<b>Would you accept full-time work?</b>	<b>Yes</b>	<b>No</b>	<b>Would you accept part-time work?</b>	<b>Yes</b>	<b>No</b>
<b>What is your desired salary range?</b>	_____				
<b>Have you ever been employed with us before?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, when?</b>	_____	

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## **EDUCATION** (Give names and addresses of schools attended)

**Grammar/Middle School** \_\_\_\_\_

**High School** \_\_\_\_\_

Course of study: \_\_\_\_\_ Did you graduate: **Yes** **No** Degree or diploma \_\_\_\_\_

**College** \_\_\_\_\_

Course of study: \_\_\_\_\_ Did you graduate: **Yes** **No** Degree or diploma \_\_\_\_\_

**Graduate School** \_\_\_\_\_

Course of study: \_\_\_\_\_ Did you graduate: **Yes** **No** Degree or diploma \_\_\_\_\_

**Vocational/Other School** \_\_\_\_\_

Course of study: \_\_\_\_\_ Did you graduate: **Yes** **No** Degree or diploma \_\_\_\_\_

**Continuing Education**

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**EMPLOYMENT HISTORY** (List your present or most recent employer first; use additional paper if necessary)

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

**Employer Name/Address** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Occupation: \_\_\_\_\_

Dates of employment: From (Mo-Yr): \_\_\_\_\_ To (Mo-Yr): \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_

**OTHER**

List computers, software, office equipment, or heavy equipment you are familiar with, and indicate the degree of your familiarity with them.

State any additional information you feel may be helpful to us in considering your application (i.e., licensures or certifications; military service; specialized training; apprenticeships; skills; extra-curricular activities; professional, trade, business or civic activities; or offices held). Attach copies of documents or certificates that will support your application.

**REFERENCES**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about us?  Advertisement  Relative  Inquiry  Friend  Employment Agency  
 Other: \_\_\_\_\_

**APPLICANT'S STATEMENTS**

- 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.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Lexington 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 the City Manager of the City of Lexington.
- In the event of employment, I understand that exaggerated, 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 City of Lexington.

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

\_\_\_\_\_  
Date

