

Applicant's Name: \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

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COMMITTED TO WORKPLACE DIVERSITY

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, gender, veteran status, age, partisan political affiliation, or other non-merit or non-job-related factors, including any physical disabilities which do not affect job performance.

We appreciate the opportunity to review your qualifications for employment with the City. So that we can thoroughly consider your special skills and abilities, we would appreciate your completion of our Employment Application. This employment application will only be valid for one year from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed. This completed application and any materials submitted with it are the property of the City of Hopewell and will not be returned. Thank you.



**APPLICATION FOR EMPLOYMENT**  
 AN EQUAL OPPORTUNITY EMPLOYER  
 COMMITTED TO WORKPLACE DIVERSITY

Mail Application to:

City of Hopewell  
 Human Resources  
 300 N. Main Street  
 Hopewell, VA 23860  
 Phone: (804) 541-2211  
 Or (804) 542-2245  
 www.hopewellva.gov

**POSITION**

Position applied for	Position No.	Department	Date available for work
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Specify hours _____ <input type="checkbox"/> Temporary		Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night Rotating <input type="checkbox"/> Weekend <input type="checkbox"/> All shifts	

**PERSONAL INFORMATION** (Please print legibly or type)

Last Name	First Name	M.I.	Social Security Number
- - -			
Address			
City	State	Zip	Phone ( 804 ) _____

**OTHER INFORMATION**

Are you legally eligible to work in United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked with the City of Hopewell? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list dates of employment From _____ To _____
Do you have any relatives employed with the City of Hopewell? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____	Department: _____
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and give dates: _____
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> No    State of issuance: _____	
Note: Applicants for positions entailing the use of City vehicles must provide a copy of their Driving Record from the Department of Motor Vehicles.	
U.S. Military experience? <input type="checkbox"/> Yes <input type="checkbox"/> No    Branch: _____	
How did you come to apply? <input type="checkbox"/> Employee <input type="checkbox"/> referral <input type="checkbox"/> Former Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Internet Website <input type="checkbox"/> College Recruitment <input type="checkbox"/> Other	

**EDUCATION**

High School Attended	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed		
Location: _____				
Did you have an equivalency diploma (GED)? Where Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where Obtained?		
School	Name and Address of School	Years Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Diploma or Certificate
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate school			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## WORK EXPERIENCE

Starting with most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for the position you are seeking. You may list significantly different jobs within the same organization as separate items. Attach additional information if necessary, but you must complete this entire application.

May we contact your current employer and/or coworkers?  Yes  No    May we contact your former employers and/or coworkers?  Yes  No

Name & Address of Company	From	To	Starting Salary	Ending Salary	Reason for leaving	Supervisor
	_____	_____	_____ Per _____	_____ Per _____		
Position	Duties:					
Phone						

Name & Address of Company	From	To	Starting Salary	Ending Salary	Reason for leaving	Supervisor
	_____	_____	_____ Per _____	_____ Per _____		
Position	Duties:					
Phone						

Name & Address of Company	From	To	Starting Salary	Ending Salary	Reason for leaving	Supervisor
	_____	_____	_____ Per _____	_____ Per _____		
Position	Duties:					
Phone						

Name & Address of Company	From	To	Starting Salary	Ending Salary	Reason for leaving	Supervisor
	_____	_____	_____ Per _____	_____ Per _____		
Position	Duties:					
Phone						

Name & Address of Company	From	To	Starting Salary	Ending Salary	Reason for leaving	Supervisor
	_____	_____	_____ Per _____	_____ Per _____		
Position	Duties:					
Phone						

## PERSONAL REFERENCES (Do not include relatives)

NAME	ADDRESS	TELEPHONE
		( ) -
		( ) -
		( ) -

## NOTICE TO APPLICANTS AND EMPLOYEES

The City of Hopewell is an equal opportunity/affirmative action employer. To this end, the City of Hopewell maintains affirmative action plans for minorities and women, the disabled and veterans of the Vietnam era, special disabled veterans and other covered veterans. These plans, or portions thereof, that will enable you to avail yourself of their benefits, are available for inspection by contacting the Human Resources Director during normal business hours.

This employer wishes to comply with Section 503 of the Rehabilitation Act of 1973, as amended, and its implementing regulations, which require it to take affirmative action to employ and advance in employment qualified disabled individuals. If you have such a disability and would like to be so considered for purposes of this law, please identify yourself either immediately or at any time in the future in confidence to the Human Resources Director. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, and shall be maintained in a separate file and will be used only in accordance with Federal regulations. This employer wishes to comply with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, and its implementing regulations requiring it to take affirmative action to employ and advance in employment veterans of the Vietnam era, special disabled veterans and other covered veterans. In this regard, if you believe you may be covered by this law and wish to be treated accordingly, please identify yourself either immediately or at any time in the future in confidence to the Human Resources Director. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential and will be used only in accordance with Federal regulations.

### DEFINITION OF THE TERM "INDIVIDUAL WITH A DISABILITY" FOR PURPOSES OF VOLUNTARY SELF-IDENTIFICATION:

"Individual with a disability" means any person who:

- (a) has a physical or mental impairment which substantially limits one of more major life activities;
- (b) has a record of such an impairment; or
- (c) is regarded as having such an impairment; however, such term does not include any individual who is currently engaging in the illegal use of drugs, when the City acts on the basis of such use; any individual who is an alcoholic whose current use of alcohol prevents such individual from performing the essential functions of the employment position such individual holds or desires or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or to the health or safety of the individual or others; any individual who has a currently contagious disease or infection and who, by reason of such condition, would constitute a direct threat to the health or safety of the individual or others or who, by reason of the currently contagious disease or infection, is unable to perform the essential functions of the employment position such individual holds or desires; any individual who is homosexual or bisexual; or any individual on the basis of transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairment, other sexual behavior disorders, compulsive gambling, kleptomania, pyromania or psychoactive substance use disorders resulting from current illegal use of drugs.

### DEFINITION OF THE TERMS "VIETNAM ERA VETERAN", "SPECIAL DISABLED VETERAN" AND "OTHER COVERED VETERAN" FOR PURPOSES

1. "Vietnam Era Veteran" means any person who: (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
2. "Special disabled veteran" means: (a) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veteran's Administration for a disability rated at thirty (30%) percent or more, or rated at ten (10%) percent or twenty (20%) percent in the case of a veteran who has been determined under 38 U.S.C. § 3106 to have a serious employment handicap; or (b) a veteran who was discharged or released from active duty because of a service-connected disability.
3. "Other covered veteran" means: individuals who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Active duty for training as a member of the National Guard and Reserve does not qualify an individual for Protection.

## VOLUNTARY SELF-IDENTIFICATION FORM

The City of Hopewell

The City of Hopewell (the "City") is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, ancestry, national origin, sexual orientation, disability, or status as a disabled, Vietnam Era or other covered veteran. As an equal opportunity employer, the City complies with all relevant State and Federal Government regulations and affirmative action responsibilities. Solely to help us with record keeping, reporting, and other legal requirements, we offer you the opportunity to complete this self-identification form. Submission of this information is completely voluntary. Whether you provide this information or not, you will not be subject to adverse treatment.

### SEX

- Male  
 Female

### RACE

- American Indian or Alaskan Native  
 Asian/Pacific Islander (includes Pakistanis and Indians)  
 Black or African American (includes Jamaican, Bahamians, and other Caribbean persons of African but not Arabian or Hispanic decent)  
 White (includes Arabian)  
 Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)

### VETERANS

- Special Disabled Veteran  
 Vietnam Era Veteran  
 Other Covered Veteran

### PERSONS WITH DISABILITIES

- Disabled

The provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee.

POSITION(S) APPLIED FOR:

POSITION NO. \_\_\_\_\_ DATE: \_\_\_\_\_

**SPECIALIZED SKILLS AND TRAINING** Please indicate any skills acquired through training and/or experience.

Typing Speed \_\_\_\_\_ wpm  Computer

Software Packages (list any you are proficient with): \_\_\_\_\_

Other Office Equipment : \_\_\_\_\_

Machinery : \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

**Certificate of Application Information**

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold the City of Hopewell, its officials and employees harmless in that event.

**Compliance With Immigration Law**

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity in accordance with applicable law; failure to submit such proof will result in denial of employment.

**Authorization to Obtain/Background Checks Information**

I authorize the City of Hopewell to conduct a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles records, present employers, professional references, personal references, military records, and other appropriate sources.

**Employment at Will**

If employed by the City of Hopewell, I understand that my employment is for no definite period of time and I may be terminated at any time, and that I, as an employee, may terminate my employment with the City of Hopewell at any time. I further understand that employment with the City of Hopewell is not pursuant to any contract, either expressed or implied.

**Drug Testing Information**

I agree to submit to a physical examination, whenever requested in accordance with applicable law, and I understand my becoming employed and/or my continued employment are subject to the results of any such physical examination related to my job duties in accordance with City policies and procedures. In accordance with the Federal Drug Free Workplace Act, the City may require that applicants for "Safety Sensitive" positions, positions requiring a Commercial Driver's License (CDL) and certain other full-time or part-time positions complete a substance abuse test after an offer of employment has been made as a condition of employment.

**ADA Notification**

Under the American with Disabilities Act (ADA), I understand that I have the right to ask for reasonable accommodations at any stage of the employment process. It is my responsibility to contact the Human Resources Department, if reasonable accommodations are needed.

**Compliance with Work Policies, Rules and Instructions**

In the event of my employment in a position with the City, I will comply with the all rules and regulations as set forth in its policy documents, verbal and written instructions, and/or other communications distributed to employees. I understand that if employed, my compliance with policies and rules which are issued is a condition of my continued employment and that the employer may revise policies or procedures, in whole or in part, at any time.

Applicant's Signature

Date