



APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without discrimination because of race, creed, color, gender, age, sexual orientation, national origin or disability.

Only completed applications will be evaluated.

J O B	Job title you are applying for?
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B A C K G R O U N D I N F O R M A T I O N	Name	Home Phone () -
	Street Address	Alternate Phone Number () -
	City, State, Zip	Business Phone () -
	Have you ever applied for employment with the City of Falls Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been employed by the City of Falls Church? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state date and position:	Social Security Number
	Does the City of Falls Church employ any relative of yours (by blood or marriage)? State relationship: Name Yes <input type="checkbox"/> No <input type="checkbox"/>	Date you are available to begin work?
	Driver License Number: State: Is it currently valid? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	In accordance with the Immigration & Reform Control Act of 1986, the City of Falls Church will employ only persons legally authorized to work in the United States. State whether you are legally eligible to work in the U.S.A. Employment is conditional on providing proof of eligibility within 3 days of employment. Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you ever been convicted of a criminal offense (other than minor traffic violations or juvenile offenses) ? If yes, give details on back of application Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Have you ever been dismissed from employment, asked or forced to resign to avoid being dismissed? (If yes, please explain. Extra space on back of application) Yes <input type="checkbox"/> No <input type="checkbox"/>	

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR CREDITS RECEIVED
	College			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Most Recent High School or Junior High School Attended			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Additional Credit Courses (Business, military, technical, etc.)				

Mail to: Human Resources Division, City of Falls Church
300 Park Avenue, Falls Church, VA. 22046-3332
703-248-5127; FAX 703-531-3385; Email hr@fallschurchva.gov

IMPORTANT:

Give a complete record of your employment history including part-time work, military service, and internships. Start with your present or most recent position. Account for all periods of unemployment. Use back page for additional space.

C U R R E N T P O S I T I O N	Your Job Title	Dates of Employment - Give Month and Year From _____ To _____
	Employer	Type of Business
	Hourly or Annual Pay: Start _____ End _____	
	Address	Supervisor's Phone Number (_____) - _____
	Name and Title of Immediate Supervisor	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Description of Duties	
Reason for seeking other employment?		

P R E V I O U S P O S I T I O N	Your Job Title	Dates of Employment - Give Month and Year From _____ To _____
	Employer	Type of Business
	Hourly or Annual Pay: Start _____ End _____	
	Address	Supervisor's Phone Number (_____) - _____
	Name and Title of Immediate Supervisor	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Description of Duties	
Reason for seeking other employment?		

P R E V I O U S P O S I T I O N	Your Job Title	Dates of Employment - Give Month and Year From _____ To _____
	Employer _____ Type of Business _____	Hourly or Annual Pay: Start _____ End _____
	Address _____	Supervisor's Phone Number (_____) - _____
	Name and Title of Immediate Supervisor _____	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Description of Duties	
	Reason for seeking other employment?	

P R E V I O U S P O S I T I O N	Your Job Title	Dates of Employment - Give Month and Year From _____ To _____
	Employer _____ Type of Business _____	Hourly or Annual Pay: Start _____ End _____
	Address _____	Supervisor's Phone Number (_____) - _____
	Name and Title of Immediate Supervisor _____	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Description of Duties:	
	Reason for seeking other employment?	

A D D I T I O N A L	List any special skills, or other information related to the position you are applying for (include courses, special training, equipment operated, memberships, volunteer work, etc.)	
	Can you perform the essential duties of the position, as outlined in the job announcement? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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List two professional references familiar with your recent work whom we may contact:

1. Name	Phone Number:
Position Title:	Company Name:
2. Name	Phone Number:
Position Title:	Company Name:

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How did you learn about this position?

<input type="checkbox"/> City Web Site	<input type="checkbox"/> The Washington Post	<input type="checkbox"/> Recruitment Announcement
<input type="checkbox"/> Federal/State Employment Services	<input type="checkbox"/> The Examiner Washington	<input type="checkbox"/> Employee Referral. Please state name of employee: _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Falls Church News-Press Newspaper	<input type="checkbox"/> Other, Please Specify: _____

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If an employment offer is extended, I agree to submit to a physical examination (if job-related) by a physician designated by the City at the City's expense, as a condition of employment. I also agree to submit to a Criminal History Background investigation and drug screening (which are required of City employees); both of which will be performed at the City's expense.

I hereby affirm that the information on this application for employment is true and accurate to the best of my knowledge and belief, and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application unfavorably. I understand that providing false information on this form may result in disqualification or dismissal from employment.

While the filing of an application is the preliminary step to employment, it does not imply that I am bound to accept employment, nor eventually will be employed. I give the City of Falls Church the right to check with former employers and to secure any additional information from any source as necessary.

A newly appointed employee is required to complete a probationary period which is normally one year. During this period the employee may be separated without appeal. The probationary period is considered the last stage of the selection process.

I hereby agree, as a condition of employment or continued employment, to give the City permission to obtain an abstract of my driving record, if driving is a function of the job, from the Division of Motor Vehicles of the Commonwealth of Virginia or any other state in which I have resided or from which I have held a motor vehicle operator's license.

Applicant's Signature _____ Date _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.