

**TOWN of CAPE CHARLES
EMPLOYMENT APPLICATION**

2 Plum Street
Cape Charles, VA 23310
(757) 331-3259

PERSONAL INFORMATION		
Position Applied For:	Date available to begin work:	
Last Name:	First:	Middle Initial:
Social Security No.:	Mailing Address:	
Physical Address:		
City:	State:	Zip Code:
Phone Number (Home):	Phone Number (Cell):	
Email Address:		

GENERAL BACKGROUND INFORMATION		
Please complete the following by marking (X) the appropriate boxes and application information.	YES	NO
Is any member of your family currently employed with the Town of Cape Charles? If "yes" please provide name, relationship, department and position:		
Have you ever been employed by the Town of Cape Charles? If "yes" please provide the dates of employment and the department:		
Are you legally eligible for employment in the United States?		
Please use this space to list any training, specialized skills, achievements, certifications, etc. that you possess:		

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LICENSES AND COMPUTER SKILLS		
License:	<i>Please use additional pages as necessary</i>	State Expiration
Indicate (X) type of Driver's License: Standard <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/>		
List and provide Official Documentation of other valid licenses (PE, CPA, QMRP, LCSW, LCP, CPR, etc.)		
Indicate (X) Computer Skills: Word <input type="checkbox"/> Outlook <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Other (explain below) <input type="checkbox"/>		

EDUCATION																
Check Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12												OR	GED			
Name of School	Location		Degree Earned			Yrs Attended			Major/Minor							
College: 1 2 3 4				Graduate School: 1 2		Name of College/University			Location		Degree Earned		Yrs Attended		Major/Minor	

INTERESTS, HOBBIES, VOLUNTEER EXPERIENCE			
List interests/hobbies:			
Volunteer experience:	Organization	Dates Active	Responsibilities

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Employment Experience

Using a separate section for each position, *describe in detail* all work experience beginning with your most recent job. Please include additional pages as necessary.

Job Title:	Supervisor:	Phone#:
Employer:	Address:	
Dates Employed: Begin End:	Salary Begin: End:	#Hrs/week:
Supervision Experience: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving:	

Job Duties (Be Specific):

Job Title:	Supervisor:	Phone#:
Employer:	Address:	
Dates Employed: Begin End:	Salary Begin: End:	#Hrs/week:
Supervision Experience: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving:	

Job Duties (Be Specific):

Job Title:	Supervisor:	Phone#:
Employer:	Address:	
Dates Employed: Begin End:	Salary Begin: End:	#Hrs/week:
Supervision Experience: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving:	

Job Duties (Be Specific):

Job Title:	Supervisor:	Phone#:
Employer:	Address:	
Dates Employed: Begin End:	Salary Begin: End:	#Hrs/week:
Supervision Experience: YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for Leaving:	

Job Duties (Be Specific):

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Professional References

Please list three professional references, using a separate section for each.

Name:

Title:

Company Name:

Address:

Business Telephone:

Home Telephone:

Email Address:

Name:

Title:

Company Name:

Address:

Business Telephone:

Home Telephone:

Email Address:

Name:

Title:

Company Name:

Address:

Business Telephone:

Home Telephone:

Email Address:

Pledge – The information supplied by me in this application is complete and true to the best of my knowledge. I understand any misstatement, misrepresentation or omission of material facts shall cause forfeiture of all rights to employment in the municipal service of the Town of Cape Charles. I certify that I have the physical and mental capabilities to perform the duties as outlined in the job description for this position.

Signature _____ Date _____