

Town of Woodbridge

Application for Employment

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin.

Applicant Information

Today's Date: _____

Name: _____

Present Address: _____

Email: _____ Phone Number: _____

Do you have relatives who currently work for The Town of Woodbridge?

Yes No

If yes, please provide their name and department: _____

Are you legally eligible for employment in the USA? Yes No

Are you currently employed? Yes No

Position you're applying for: _____

Have you ever been employed by the Town of Woodbridge before?

Yes No

If yes, when and in which Department? _____

If you are applying for a Public Works position, do you have a CDL License? Yes No

Education

Full School Name	City	State	Major course of study?	Did you graduate?	Degree or Diploma Received
Highschool				Yes _____ No _____	
College				Yes _____ No _____	
Trade or Business School				Yes _____ No _____	
Other				Yes _____ No _____	

What languages besides English do you speak fluently? _____

Read: _____ Write: _____

Military Service

Have you ever served in the US armed forces? Yes _____ No _____

Do you currently serve in the National Guard or Reserve? Yes _____ No _____

If you have served in the US armed forces, you must submit a copy of your DD214

Employment History

Starting on the next page, list your last four employers starting with the most recent or current one.

Company:	From:
Address:	To:
Job Title:	Describe major duties:
Supervisor's Name/Department:	
Supervisor's Phone Number:	Reason for leaving:
If this is your current employer, may we contact them? Yes <u> </u> No <u> </u>	

Company:	From:
Address:	To:
Job Title:	Describe major duties:
Supervisor's Name/Department:	
Supervisor's Phone Number:	Reason for leaving:
If this is your current employer, may we contact them? Yes <u> </u> No <u> </u>	

Company:	From:
Address:	To:
Job Title:	Describe major duties:
Supervisor's Name/Department:	
Supervisor's Phone Number:	Reason for leaving:
If this is your current employer, may we contact them? Yes <u> </u> No <u> </u>	

Company:	From:
Address:	To:
Job Title:	Describe major duties:
Supervisor's Name/Department:	
Supervisor's Phone Number:	Reason for leaving:
If this is your current employer, may we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information

List professional, trade, business or civic activities or offices held:

Summarize other job-related skills and qualifications acquired from employment or other experiences:

Disclaimer and Signature

I authorize investigation of all statements contained in this application. I understand that misrepresentations or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature: _____ Date: _____

APPLICANT'S CERTIFICATIONS AND AGREEMENTS

**TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY
SIGNING YOUR NAME IN THE SPACE PROVIDED.**

I certify that all the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations, and policies of the Town of Woodbridge (the "Town") with the understanding that such rules, regulations, and policies (including those pertaining to compensation and benefits) may be changed by the Town at any time during my employment.

I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background. I authorize my previous employers, references, and persons with knowledge of my work history and background to provide pertinent information to the Town and hereby release all such persons and waive any and all claims, demands, or causes of action whatsoever in connection with the request for release of such information. I also agree to submit to any lawful security examination or investigation as a condition precedent to employment or at any time during my employment. I hereby release the Town, its agents, and its employees from any liability resulting from or in connection with the results or use of the results of any of the above-described examinations, reference checks, and investigations.

I understand that, as part of the application process, the Town conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such a background check, I will fully cooperate and provide any information requested. I understand that, as a condition of my consideration for employment with the Town, or as a condition of my continued employment with the Town, the Town may obtain a consumer report that includes but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to the Town's procurement of such a report. I understand that pursuant to the federal Fair Credit Reporting Act, the Town will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Town. I further understand that such a report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly the insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Town, then as a condition of my employment, I hereby authorize the Town and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every State in which I have held a motor vehicle operator's license. This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Town-owned or leased motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Town cannot insure me due to my motor vehicle operator history, my employment may be terminated.

Finally, I voluntarily consent to a controlled substance test in accordance with applicable law and understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I also voluntarily consent to a medical examination conducted at the request of the Town. I understand that the results of these medical examinations and tests will be provided to the Town.

I have read, understand, and agree with the foregoing.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME

EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I, _____, hereby authorize my previous employers to release to the Town of Woodbridge (the “Town”) and discuss any and all employment and personnel information requested, including, but not limited to, personnel records, payroll records, and any other documents of any nature in your possession, custody or control. I hereby specifically release and hold harmless the Town and any past, present, and future employers, their employees, and agents from any and all claims or liability as a result of disclosing or revealing any record or information concerning my employment in accordance with this authorization to the Town.

APPLICANT'S SIGNATURE

DATE

A photocopy of this authorization and release is as valid as the original.