

Town of Windsor Employment Application 8 E. Windsor Blvd. PO Box 307 Windsor, Va 23487 (757) 242-4288

The Town of Windsor is an equal opportunity employer. All applicants are considered regardless of race, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For			Date of Application		
How did you learn about us? (C	hoose all that apply)	Advertisement	Friend V	Walk-In	Relative
Employment Agency	Other				
Last Name	First Name		Middle Name _		
Address: Street Name & Nu	mber				
City	State	Zip (Code		
Phone	Phone #2 (Optional)		_ Email		
Social Security Number Driver's License Number				-	
If you are under the age of 18, c	an you provide proof of	your eligibility to we	ork? Yes	No	
Have you ever filed an application with the Town of Windsor before? Yes			No		
Have you ever been employed with the Town of Windsor? If Yes, please provide dates of employment.			Yes	No	
Are you currently employed?			Yes	No	
May we contact your present employer?			Yes	No	
Are you able to travel if require	d?		Yes	No	
Work availability (Select all that ap	pply) Full-Time	Part-Time	Shift Work	Temporary	
Date available to begin employr	ment				
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment)			Yes	No	

	Did you graduate?	Yes	No	G
College				
Degree received (If applicable)	Dia you graduite.		No 	
List any additional College Education				
Please provide any additional training or exper	rtise			
Employment History - Please start with current				
EmployerAddress				
Phone Ema				
ob Title	Salary			
Supervisor Name				
Describe work performed				
Reason for leaving				
Employment History - Please start with current	or most recent			
Employer	Dates Employed: From _		To	
Address				
Phone Email				
ob Title	Salary			
Supervisor Name				

Employer	Dates Employed: From	То
Address		
Phone	Email	
Job Title	Salary	
Supervisor Name	Supervisor Phone (If	applicable)
Describe work perforn	med	
,	ditional information you feel may be helpful to the Town	0, 11
References (Please list	at least 3)	
1. Name	Phone	Email
Address		
Relation		
2. Name	Phone	Email
Address		
Relation		
3. Name	Phone	Email
Address		
Relation		
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Applicant Acknowl	Č	len avula desa
	wers given herein are true and complete to the best of my tigation of all statements contained in this application for	
consideration. This application to	for employment shall be considered active for a period of	f time not to exceed 45 days

- This application for employment shall be considered active for a period of time not to exceed 45 days.
 I hereby understand and acknowledge that false or misleading information given in this application or any interviews that may follow, may result in a discharge in consideration for employment.

Signature of Applicant	Date
SIGNATULE OF ADDITCALL	Date