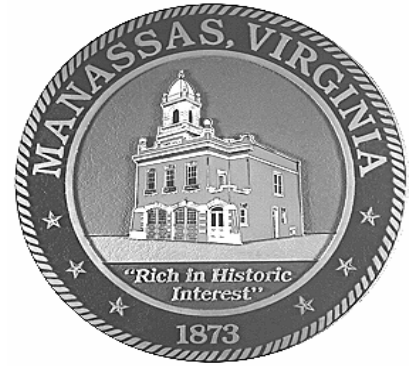


CITY OF MANASSAS

Department of Human Resources
9027 Center Street, Room 302, Manassas, VA 20110
(703) 257-8268 • 24 Hour Job Line: (703) 257-8360 Message 5
Fax: (703) 257-5827 • E-mail address: hr@ci.manassas.va.us
Website: www.manassascity.org



Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

INSTRUCTIONS: Read the Job Announcement for complete job information before filling out this application. All applicants, including City employees, must provide a complete, current, and signed application. Incomplete job applications will not be processed. The Human Resources Department will not review or research previous applications, employment history, or personnel records to obtain information.

(PLEASE PRINT)

Date of Application _____

Position Applied For (Indicate Only One Position): _____

How did you learn about the job for which you are applying?

- Newspaper, Name: _____ Job Line Recording
 City Employee, Who? _____ City Website
 Job Announcement, Posted where? _____ Other: _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone: Office _____ Home _____ Date Available _____

Social Security Number _____

Does the City employ anyone related to you by blood, marriage, adoption or who resides in the same household?
_____ YES _____ NO If yes, please provide name(s), relationship, and work location: _____

If employed and you are under 16, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration will be required upon employment.)

AN EQUAL OPPORTUNITY EMPLOYER

Are you available to work Full-Time Part-Time Shift Work Temporary

Are you on a lay off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No

If yes, give pertinent facts _____

(Exclude any offense committed before your eighteenth birthday, which was adjudicated in a Juvenile Court or under a Youth Offender Law and traffic violations for which you only paid a fine.)

Do you have a valid driver's license? Yes No If Yes, State: _____ License # _____

Do you have a Commercial Driver's License (CDL)? Yes No

Do you have a CDL Instruction Permit? Yes No

If you have a **CDL**, choose as many as apply to you:

Vehicle Type: A B C Air Brakes M

Endorsements: H N P S T

Have you ever been dismissed or forced to resign or have you ever resigned to avoid being dismissed? Yes No

If yes, please explain _____

Veteran of the U.S. Military Service? Yes No If yes, branch _____

Other than English, indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude memberships which would reveal sex, race, religious, national origin, age, ancestry, disability or other protected status.)

Give, name, address, and telephone number of three references who are not related to you and are not previous employers.

Employment Experience

Start with your present or last job. Include military assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, national origin, disability or other protected status. Any period of unemployment or military service must be accounted for.

1	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Applicant Data Record

Confidential

For Human Resources office use only

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including, affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

(Please Print)

Date _____

Position Applied For

How did you learn about the job for which you are applying?

- Newspaper, Name: _____ Job Line Recording
 City Employee, Who? _____ City Website
 Job Announcement, Posted where? _____ Other: _____

Name _____ Phone () _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. **SUBMISSION OF INFORMATION IS VOLUNTARY.**

Check one: Male Female

Check one of the following: White Black Hispanic

Race/Ethnic Group: American Indian/Alaskan Native Asian/Pacific Islander

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disability.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or affect your consideration for employment.

If you wish to be identified, please sign below:

Individual with a Disability Disabled Veteran Vietnam Era Veteran

Signed _____