Employment Application
APPLICANTS SHALL BE AFFORDED EQUAL
OPPORTUNITY IN ALL ASPECTS OF EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, POLITICAL AFFILIATION, NATIONAL ORIGIN, DISABILITY, SEX OR AGE.



Town of Boykins 18206 Virginia Ave Boykins, VA 23827

757-654-6361

		App	licant	t Information		
Full Name:				Date of Birth:		
	Last	First		M.I.		
Address:	Street Address			Apartment/Unit #		
	City			State ZIP Code		
Mailing Address:						
, ida 1000.	Street Address			Apartment/Unit #		
	City			State ZIP Code		
Phone:				Email		
Date Available: Desired Salary:						
Are you curr	rently employed?			YES N If yes, may we contact your current employer? □ □		
Position(s) Applied for: Part Time Full Time						
Are you a citizen of the United States?		NO	YES NO If no, are you authorized to work in the U.S.?			
Have you ev	ver worked for this company?	YES	NO	If yes, when?		
Do you have a driver's license or able to readily obtain one?		YES	NO	If yes, when?		
Have you ev	ver been convicted of a felony?	YES	NO			
If yes, explain:						
			Refe	erences		
Please list t	three professional references.					
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship:		
Company:				Phone:		
Address:						

	Previous Emplo	yment						
Company: _			Phone:					
Address: _		s	Supervisor:					
Job Title:	Starting Salary:	\$	Ending Salary:\$					
Responsibilitie	s:							
From:	To: Rea	son for Leaving:						
•		S NO						
			Phone:					
Address: Job Title:	Starting Salary:	 \$	Supervisor: Ending Salary:\$					
	s:	_	-					
		S NO						
Company: _			Phone:					
Address:		S	Supervisor:					
Job Title: _	Starting Salary:	\$	Ending Salary:					
Responsibilities:								
From: _	To: Reason for Leaving:							
May we contact	YE your previous supervisor for a reference?	S NO						
	Education	1						
High School:	Address:							
From:	YES To: Did you graduate? ☐		ı:					
College:	Address:							
From:	YES To: Did you graduate?):					
Other:	Address:							
From:	YES To: Did you graduate?		:					

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature	Da	ato.					