



Open Position applying for: _____
(An application must be submitted for each position)

APPLICATION FOR EMPLOYMENT
Town of Bedford 215 E. Main Street
Bedford, Virginia 24523

Town of Bedford Website: www.bedfordva.gov

INSTRUCTIONS

Please read and follow directions carefully

The Town of Bedford only accepts applications and resumes for current openings. Openings are posted on the Town Website and at the Town Municipal Building, 215 East Main Street, Bedford, Virginia, on Bedford Government Information Channel 12 and the Virginia Employment Commission.

Your application should include the following inserts: (In order for your application to be considered for employment with the Town of Bedford, both forms must be submitted with each application).

Fair Credit Reporting Act Disclosure Form

Fair Credit Reporting Act Acknowledgement and Consent Form

- Fully complete all sections of the application. A supplemental form for additional employment history is available.
- The completeness and appearance of your application will be considered in the selection process and therefore should represent your best effort.
- A separate original application for each position for which you apply is preferred. However, a copy of the application may be submitted if applying for more than one position.
- Applications that are received unsigned, or after the closing date, will not be processed.
- Applications, resumes, letters of reference and other information submitted will become the property of the Town and will not be returned.
- Residency in the Town of Bedford may be required for certain positions.

In order to learn the most effective way of informing interested persons of the job opportunities with the Town of Bedford, please check below how you learned of the job opening with the Town.

Town of Bedford Website:

From a Town Employee:

Cable TV (Channel 12):

Virginia Employment Commission:

Newspaper (Name of Newspaper): _____

Other (please specify): _____

Number of Attachments: _____

Town of Bedford, Virginia
Application for Employment
An Equal Opportunity Employer

Open Position applying for: _____
(An application must be submitted for each position)

PERSONAL INFORMATION:

NAME: _____ Social Security Number: _____
 First Middle Last

Present address: _____
 Street City State Zip Code

Previous address: _____
 Street City State Zip Code

Phone number (Day): _____ (Evening): _____

Are you a current employee or have you worked for the Town of Bedford in the past? Yes No If yes, when _____

Your name when employed (if different): _____

Do you have a valid driver's license? Yes No CDL? Yes No Endorsements (if any): _____

Expiration date: _____ Issuing state: _____

Have you ever been convicted of a: Felony Yes No b: Misdemeanor Yes No

If yes, please explain:

Any traffic infractions (moving violations) Yes No If yes, please explain and give dates: _____

(A conviction or violation does not automatically eliminate you from employment consideration. The nature of the offense, when it occurred and the requirements of the position will be taken into consideration.)

Have you ever been fired or asked to resign from a job? Yes No
If yes, give date(s), name and address of employer, and reason (attach additional sheets if necessary): _____

(A firing or forced resignation does not automatically eliminate you from employment consideration. The circumstances, time elapsed, and employment record may be considered.)

Failure to be completely truthful and accurate may cause you to be disqualified from employment consideration or result in termination if discovered after employment.

EDUCATION:

Do you have a High School Diploma? Yes No GED? Yes No

School name and address: _____

ADDITIONAL EDUCATION:

Name and Address	Number of Years completed	Degree Completed (BA, BS, MA, etc., or certificate)	Field(s) of Study
College			
Graduate Work			
Other (i.e., business, secretarial, vocational, technical, military, etc.)			

Please list any special skills, qualifications, professional memberships or other matters that you believe qualify you for the position you are seeking. (Do not disclose membership in organizations that do not relate to the position you are seeking.)

REFERENCES:

List names and contact information for three people that know your qualifications. Incomplete information could affect your consideration.

Name and Occupation	Company	City and State	Phone # (include Area Code)
1.			
2.			
3.			

WORK HISTORY:

Give a complete record of your employment history including part-time work, military service, and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position so that your experience may be thoroughly and fairly evaluated. *Use supplementary Experience Form for additional space.* Account for all periods of unemployment.

May we contact your present employer? Yes No

Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked: _____ To: _____
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary: _____ Final Salary: _____
Number of people you supervised: _____		Reason for leaving: _____
Description of duties:		

SUPPLEMENTAL SHEET

Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	To:
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary:	Final Salary:
Number of people you supervised:		Reason for leaving:	
Description of duties:			
Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	To:
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary:	Final Salary:
Number of people you supervised:		Reason for leaving:	
Description of duties:			
Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	To:
		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary:	Final Salary:
Number of people you supervised:		Reason for leaving:	
Description of duties:			

FAIR CREDIT REPORTING ACT DISCLOSURE

By this document, the Town of Bedford discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. This disclosure is required by the Fair Credit Reporting Act. Please sign below to signify that you have reviewed this disclosure.

Full Name
(Please Print): _____

Signed: _____

Date: _____

FAIR CREDIT REPORTING ACT ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have reviewed a clear and conspicuous Fair Credit Reporting Act Disclosure form. I understand that the Town of Bedford may obtain consumer reports about me for employment purposes from a consumer reporting agency. I understand and authorize the consumer reporting agency to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize the consumer reporting agency contracted by the Town to perform a criminal records search. I also understand that:

- The Town of Bedford may use consumer reports to evaluate me for employment, and, if I am hired, may use consumer reports to evaluate me for other employment purposes.
- The Town of Bedford may not obtain a consumer report about me for employment purposes without my written authorization.
- Before the Town of Bedford denies me employment or makes any other employment decision which adversely affects me based in whole or in part on a consumer report, the Town of Bedford must first provide me with a copy of the report and a summary of my rights under the Fair Credit Reporting Act.
- The Town of Bedford considers consumer reports to be important tools in its personnel administration, audit and security practices. My failure to authorize the Town of Bedford to obtain a consumer report about me may serve as grounds for the Town of Bedford to refuse to hire me. My revocation of such authority may serve as grounds for the Town of Bedford to dismiss me from its employment.

I authorize the Town of Bedford and its agents, affiliates, or assign to obtain one or more consumer reports about me for employment purposes at any time they may deem appropriate. I understand that the consumer reporting agency does not guarantee the accuracy or timeliness of the information obtained from other third party sources. This is a continuing authorization that shall remain in effect until I revoke it in writing.

Name _____ Maiden (?) _____
Last First Middle

Date of Birth: *(Only used for record confirmation)* _____

Social Security Number _____

Current Address: _____ How long? _____

City, State, Zip: _____

Previous Address _____ How long? _____

City, State, Zip _____

Driver's License # and State issued: _____

Please list all other names that information may be listed under: _____

Signed: _____ Date: _____

California, Minnesota & Oklahoma residents only: I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled (Purpose Code M)
 Employment w/ Elder Care (Purpose Code N)
 Employment w/ Children (Purpose Code W) None Apply



NAME (First, Middle, Last): _____

MAIDEN NAME (If applicable): _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

2ND PREVIOUS ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ / _____ / _____

DRIVER'S LICENSE # & STATE ISSUED: _____

APPLICANT AUTHORIZATION:

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc. for employment purposes.

APPLICANT'S SIGNATURE

DATE

For office use only

Fax to Insight @ 1-800-888-3487

Company Name: Town of Bedford **Requester** _____

Criminal Records Credit Report (Persona) Motor Vehicle Record Multi-State criminal Index

SS number & Name Verification /Address search FACIS (Healthcare Only)

Criminal (Where?)(1) _____ (2) _____ (3) _____

Employment (1) _____ (2) _____ (3) _____

Professional License verification _____ Education verification _____

