#### **AUTHORIZATION FOR RELEASE**

Of Any Information In Connection With Employment Application and Other "Employment" Purposes Including Reference Checks and Verification

To assist in evaluation of employment application and/or for employment purposes.

I authorize the Town of Bedford, Virginia, to request and receive any and all information concerning me from any persons, schools, companies, corporations, partnerships, government or government sub-divisions, agencies or other entities including, but not limited to, law enforcement agencies, licensing agencies and any of my previous employers. This authorization includes, but is not limited to, authorization for the Town of Bedford to check and verify any information contained in my employment application including DMV records.

I hereby authorize any and all of the aforesaid enumerated parties to furnish the Town of Bedford any and all information concerning me.

I further release all parties referred to herein and the Town of Bedford, and/or employees from any and all liability and responsibility arising out of the release of any information concerning me.

Name _				Maiden (?)			
	Last	First	Middle	.,			
	Date of Birth	(0)	nly used for record	confirmation)			
	Social Security Number	er					
	Current Address:			How long?			
	City, State, Zip:						
	Previous Address:			How long?			
	City, State, Zip:	and the state of t					
	Driver's License # and	State issued:	The second of th				
	Please list all other names that information may be listed under:						
			Adhanded de la la company de la company				
	Signed:	e gyppinness kreinegausei nasyan kinner mikhnar an kinapa nasian aka na spape		Date			
				FOR THE APPLICATION TO BE VALID			
	Subscribed and sworn	to before me th	is day of	, in the city/town or county of	Annews Anderson (Labraco) (1994) Annews Anness (Labraco) (1994) Anness (1994) Anness (1994)		
	490400000000000000000000000000000000000	_ and the state	of	*			
	**************************************	Notary Public signature	e and Date				
	proportion confidence and an extension of the confidence and a substantial confidence and the confidence and	Notary Public Printed l	Name				



Open	<b>Position</b>	applying	for:	PTP-14003-P00000			*****************		
	(An ap	plication	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): 🛘						

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

Open Position applying An application must be submitte			
PERSONAL INFORM	ATION:		Social
NAME:			Security Number:
First	Middle	Last	And the second s
Present address:	City	O. a. b.	mg* _ d^h _ 1
Street	City	State	Zip Code
Previous address: Street	City	State	Zip Code
Phone number (Day):		(Evenin	ng):
Are you a current employ	ee or have you worked for the	ne Town of Bedford in	the past? Yes 🛘 No 🕒 If yes, when
Your name when employe	ed (if different):		
Do you have a valid drive	r's license? Yes 🛭 No 🗎	CDL? Yes 🗆 No 🗆	Endorsements (if any):
Expiration date:			Issuing state:
Have you ever been conv	icted of a: Felony Yes 🛭 N	o□ b: Misdemea	anor Yes 🔲 No 🗆
If yes, please explain:			
Any traffic infractions (mo	ving violations) Yes Q No	☐ If yes, please explai	in and give dates:
			ent consideration. The nature of the
Onense, when	it occurred and the requirements	or the position will be taker	nito consideration.)
	or asked to resign from a jo and address of employer, a		itional sheets if necessary):
(A firing or forced resigna		nate you from employment ent record may be conside	consideration. The circumstances, time elapsed, and red.)
Failure to be comple		nay cause you to be o ition if discovered afte	lisqualified from employment consideration remployment.
EDUCATION:			
Do you have a High Scho	ol Diploma? Yes 🖬 N	lo 🛛 GED? Y	′es □ No □
School name and addres	ss:		

## **ADDITIONAL EDUCATION:**

14-14-14-14-14-14-14-14-14-14-14-14-14-1		96-71-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	and the second s	
Name and Address	Number of Years completed	Degree Comple (BA, BS, MA, etc., or		ield(s) of Study
College			CONCINCT SUCKES	
Graduate Work				
Other (i.e., business, secretarial, vocational, technical, military, etc.)				
Please list any special skills, qualifications, particle position you are seeking. (Do not discloseeking.)				
REFERENCES: List names and contact information for three affect your consideration.				
Name and Occupation Company	City and	State Phone	# (include Are	ea Code)
1.	and the second s	Million Marie Commission Commissi		
2.				
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WORK HISTORY: Give a complete record of your employment experience. List all experience in order, start your duties and responsibilities in each positis supplementary Experience Form for addition  May we contact your present employer? Yes	ing with your present ion so that your exper al space. Account for	or most recent position rience may be thorough	n and working l hly and fairly e	back. Describe
Name of Employer and Mailing address	Job Title:		Dates Worked:	To:
(including zip code)			Full-time 🔾	Part-time
Employer Telephone Number (including area code)	Name and title of you	r immediate supervisor:	Starting Salary:	Final Salary:
Number of people you supervised:	Rear	son for leaving:		
Description of duties:				
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(including 219 code)		Full-time	Part-time 🔲
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:			
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Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	To:
		Full-time 🛛	Part-time
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:			
			No.
	I		
		334669	
List the equipment, computers, software, etc.	you have used in previous jobs:		
			- "AD - FOR AD Principle (AD ADA STATE STA
WPM:			
Certification- Each a	oplication requires current date and origina	ił signature	
I hereby certify that all entries on the application and at or material omissions in this application or attachme Bedford. I agree and understand that any misstateme understand that this completed application and any ma case of a panel interview, which may consist of nor understand that any offer of employment is contingen	nts will be sufficient cause to disqualify me from empents or omissions, regardless of time of discovery, materials submitted with it are the property of the TownerTown employees, I authorize my application to be tupon my ability to produce documentation as requi	ployment considerati ay be considered gro of Bedford and will viewed by members	on with the Town of bunds for dismissal. I not be returned. In the of the panel. I also
	employment in the United States.		
I understand that all information on this application is s former employers and educ	subject to verification. I consent to background check ational institutions listed being contacted regarding		ontacting references.
I further authorize the Town of Bedford to rely upon and application may be disseminated to other agencies, no de	d use, as it sees fit, any information received from so on-governmental organizations or systems on a nee termined by the agency head or designee.	uch contacts. Informa d-to-know basis for ç	ation contained on this good cause shown as
I authorize the release of any and all job-related info employme	ormation that the Town of Bedford may request or a ent which may now exist or may exist in the future.	ny records pertaining	to past or present
Signature:	Date:		

## SUPPLEMENTAL SHEET

	And the second s	and the second s	
Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	То:
(moldarig zip code)		Full-time	Part-time 🔲
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary:	Final Salary:
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Number of people you supervised:	Reason for leaving:		a than the first and the second section of the second second second second section (Section 1987).
Description of duties:			
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Name of Employer and Mailing address (including zip code)	Job Title	Dates Worked:	To:
		Full-time 🔾	Part-time
Employer Telephone Number (including area code)	Name and title of your immediate supervisor:	Starting Salary:	Final Salary:
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Number of people you supervised:	Reason for leaving:	d riverse in a read-victor with the design and as a group of the party of the second residence of the design as a con-	May are surrounded and the surrounded to the surrounded and the surrou
Description of duties:			
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Name of Employer and Mailing address (including zip code)	Job Title:	Dates Worked:	To:
		Full-time 🔾	Part-time
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:		en ag part announce an announce and a sea all highlights of the light	e endre en morte un un antique en
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