



Applicant Information

Please read the following information before completing your application. A separate application form is required for each position title.

Completing the Application

IMPORTANT: Do you have a (1) relative(s) (see definition below) or (2) a person(s) living in the same household who is currently working in the same City department in which you are seeking employment? Yes ___ No ___ (Check the correct response). If the answer is “yes” please list the name of the relative(s) or person(s) living in the same household and his/her relationship if a relative:

Definition of “relative”: is defined to include spouse, parents, children, brothers, sisters, brothers-in-law and sisters-in-law, fathers-in-law and mothers-in-law, stepparents, stepbrothers, stepsisters, stepchildren, grandparents and grandchildren.

Follow all instructions shown on the application. If you need more space attach additional sheets. All applications, including those for promotional and transfer positions, must be completed IN FULL. A resume may be attached to provide additional information but DOES NOT take the place of completing the application itself. A complete and accurate application is essential since this is the primary source used for determining your qualifications. Failure to record both month and year of previous work history will result in minimum credit.

Please be advised that resumes, letters of reference, etc., submitted with your application become the property of the City of Franklin and cannot be returned.

Advertising Vacancies

Vacant positions are posted and/or advertised when employment availability occurs. You may also call (757) 562-8508, between the hours of 8:30 a.m. – 5:00 p.m. for information on current vacancies. Applications are accepted Monday-Friday, 8:30 a.m. – 5:00 p.m.

Job Requirements

Please note the educational and/or experience requirements listed in the employment advertisements for the jobs that interest you. These are minimum standards, which all applicants must meet in order to be considered for employment.

Employment Policy

It is our policy that employment decisions are made on the basis of merit and fitness for the position. We are an Equal Opportunity Employer. All employees are required to provide proof of identity and authorization of employability at the time of appointment.

Applicant Procedure

Vacant Positions

- A completed City of Franklin Application for Employment must be received by the established closing date as stated in the employment advertisement.
- If the position requires a test, you will be notified as to the date, time, and place to appear.
- Every application received by the established closing date is reviewed for minimum qualifications and completeness by City staff. Should you meet the requirements for the position, your name will be placed on a register of eligible candidates.
- Should you wish to inquire about the status of your application, you may email or call our office at the address or phone number below.
- Shortly after receipt of your application, you will be notified regarding its status. Time intervals may vary depending on the volume of applications received and the screening process involved with a particular position.

Interviews

- Hiring departments hold interviews with applicants who are referred by the Human Resources Department. Persons selected for an interview will be notified by the Human Resources Department.
- After the interviews, the hiring department will make a selection and return all applications to the Human Resources Department.
- The hiring department and/or Human Resources will notify all candidates of the hiring department's decision.

Your interest in the city of franklin employment is appreciated. Should you have a change of address or phone number, or a question regarding your current status, please contact us at:

City of Franklin

Human Resources Department

207 West Second Avenue

Franklin, VA 23851

(757) 562-8508

jobs@franklinva.com



Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, political affiliation, age, Veteran's status, marital status or a non-job-related medical condition or disability.

City of Franklin Application for Employment

Position Applied for: _____ Date of Application: ____/____/____

Name: _____ Date of Birth: ____/____/____
 Last First Middle

Address: _____
 Street City State Zip Code

Telephone # (____) _____ Mobile # (____) _____ Email Address _____

How did you hear about this position?

If you have been in the armed services, please set forth which branch, how long and what final rank:

Date of discharged from armed services _____ Type of Discharge: _____
Are you legally eligible for employment in this country? _____

If you are under 18, can you furnish a work permit? _____

Have you submitted an application here before? _____
If yes, give approximate date and position _____

Have you been employed by the City before? _____
If yes, give approximate date of hire and separation from service _____

If it is necessary to call you, where is the best place to call? _____
May we contact you or otherwise contact you at your current job? _____

Will you work overtime if the position which you applied for requires it? _____

If driving is required in the position you applied for – Driver's License No. _____
Please check one:

Operator License _____ Commercial (CDL) _____

Class _____ Endorsements _____

Have you ever been convicted of or pled no contest to a felony, misdemeanor or a traffic offense such as driving under the influence, driving on a revoked or suspended driver's license or without a driver's license? _____

If so, please indicated what offense, the approximate date and the court which heard the case

Education Background Beginning with High School

School Name	City, State	Course Study	Degree/Date

If you do not have a high school education, do you have a GED? Yes _____ No _____

If yes, date obtained: _____

Employment History

Chronologically state your occupation or employment for the past ten (10) years (use back if necessary)

From /To	Title	Company (Name & Address)	Duties	Reason for Leaving

Explain any gaps of three (3) months or more in your employment:

Skills and Qualifications

Describe any special training, skills, licenses or certifications that may assist you in performing the position for which you are applying:

If you have computer skills, please indicate what skills you have and what software(s) you are proficient in the use of:

Other Job-Related Information

Set forth below any other job-related information that you would like the City to know about you:

References

Provide the names, addresses, telephone, and email of three (3) references, either business or personal, but not related to you.

Name _____	Name _____	Name _____
Street _____	Street _____	Street _____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Business _____	Business _____	Business _____
Telephone _____	Telephone _____	Telephone _____
Email _____	Email _____	Email _____



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: (1) Any physician, hospital medical association, dentist, psychologist or (2) any Academic Dean, Registrar, Principal, Guidance counselor of any school or college or (3) any law enforcement agency or (4) any past or present employer or (5) any U.S. Armed Forces or (6) any credit bureau.

I, _____, of _____
Name Address

have applied for employment with the City of Franklin, Virginia. I have agreed, as a condition of my application, to have background, including my credit, investigated by representatives of the City. I hereby authorize and request the release of any legal and all information you have concerning me, including a transcript of any academic records and credit reports, to a representative of the City of Franklin upon presentation of this release or copy thereof.

I agree that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information.

Date of Birth: _____ Place of Birth: _____
Selective Service No: _____ Telephone No.: _____
Armed Forces Membership _____ Service No. _____
Veteran's Administration File No.: _____

Given under my hand this _____ day of _____, 20 _____.

Signature

ACKNOWLEDGEMENT BY NOTARY PUBLIC

STATE OF _____
COUNTY/CITY OF _____, to wit:

On this day, _____, appeared before me and acknowledged his or her signature to the above authorization and release.

Signature of Notary Public

My Commission Expires: _____

CERTIFICATE OF APPLICANT

I understand that as a condition of employment with the City of Franklin, I will be required to undergo and successfully complete a test for the presence of illegal drugs and a psychological test. I hereby consent to undergo such tests. In addition, I hereby authorize the City to contact past employers, educational institutions, licensing authorities, personal and business references, etc. and to make any other investigation pertinent to my employment.

If this is an application for employment as a department head, I also consent to take a physical examination.

If this is an application for employment in the Police Department or Fire and Rescue Department, I also consent to take a physical examination and fitness test.

If this is an application for employment in the Police Department, I also authorize the City to conduct name search, social security, date of birth and fingerprint based criminal history record inquiry through the Federal Bureau of Investigation and/or the Central Criminal Records Exchange (and for sworn officers and animal control officers a driver's license check through the Division of Motor Vehicles).

All tests, examinations, background checks and criminal history inquiries shall be at the expense of the City.

If I am hired, I understand that I am free to resign at any time and that the City reserves the right to terminate my employment at any time. An offer of employment made to me does not constitute a contract of employment for a specified period of time and that I will be in a probationary status for a period of one (1) year, during which time I must demonstrate my suitability for continued employment with the City.

I hereby certify that all the statements made in this application are true to the best of my knowledge and belief. I agree and understand that any false statement(s) of material facts herein, regardless of time of discovery, shall be sufficient cause for refusal of employment or dismissal.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATE OF APPLICANT.

Signature _____

Date _____