

# Application For Employment (Form HR-1)



## Town of Hurt, Virginia

Revision Date: January 4, 2022

We are an Equal Opportunity Employer committed to excellence through diversity.

Active Memberships:  
Virginia Municipal League and Danville-Pittsylvania Chamber of Commerce

Email: clerk@townofhurtva.gov  
Web: townofhurtva.gov  
Phone: (434) 608-0554  
FAX: (434) 205-1177

533 Pocket Road  
P.O. Box 760  
Hurt, VA 24563

**COMPLETE ALL 3 PAGES.**  
Incomplete or improperly completed applications will not be considered.

Please print or type.

## Personal Information

Name  
(First/Middle/Last)

Address		City	State	ZIP Code
Home Phone	Mobile Phone	Email Address		
Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>				

## Position

Job/Title You Are Applying For	Available Start Date	Desired Salary
Classification Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

## Education (beginning with highest or most recent)

School Name	City/State	Dates Attended	Degree or Diploma Received	Major/Concentration

## References (professional/occupational and not related to you)

Name	Title	Company	Phone

## Employment History (Begin with current or most recent employer and attach a separate sheet if necessary).

<b>Employer (1)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (2)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (3)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (4)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/ZIP</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>
<b>Employer (5)</b>	<b>Job Title</b>	<b>Dates Employed</b>
<b>Business Phone</b>	<b>Description/Duties</b>	<b>Beginning Pay Rate</b>
<b>Address/City/State/Zip</b>	<b>Reason(s) For Leaving</b>	<b>Ending Pay Rate</b>

## Signature and Disclaimer

I certify that my answers are true and complete to the best of my knowledge, and I authorize the Town of Hurt, Virginia to conduct any background and/or reference checks it may deem appropriate, as permitted by law, to verify the validity of the information provided herein and to inquire appropriately about my character and job performance as relevant to qualification for the position(s) for which I am applying. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my discharge from employment.

<b>Name (Please Print)</b>	<b>Signature</b>
<b>Date</b>	

## BACKGROUND CHECK RELEASE FORM

I (print name), \_\_\_\_\_ hereby authorize the Town of Hurt Police Department to conduct a background investigation concerning any criminal records, driver license information, traffic convictions, personal history, credit report, educational, and health records pursuant to my consideration for employment. I authorize all agencies to release any information they have on record for this purpose.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Employee/Official

\_\_\_\_\_  
Date

**Note: If not witnessed by a town employee/official, this document must be notarized.**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Seal:



**Web: [townofhurtva.gov](http://townofhurtva.gov) Facebook: Town of Hurt, Virginia**  
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**Office: 434-608-0554 Fax: 434-205-1177**  
**Form HR-1 (Revised 01/04/2022)**