



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](http://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: \_\_\_\_\_  
\_\_\_\_\_



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:			

List the equipment, computers, software, etc. you have used in previous jobs: \_\_\_\_\_  
 \_\_\_\_\_

WPM: \_\_\_\_\_

**Certification- Each application requires current date and original signature**

I hereby certify that all entries on the application and attachments to the application are true and complete. I understand that any willful misstatements or material omissions in this application or attachments will be sufficient cause to disqualify me from employment consideration with the Town of Bedford. I agree and understand that any misstatements or omissions, regardless of time of discovery, may be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the Town of Bedford and will not be returned. In the case of a panel interview, which may consist of non-Town employees, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by law to confirm that I am eligible for employment in the United States.

I understand that all information on this application is subject to verification. I consent to background checks that may include contacting references, former employers and educational institutions listed being contacted regarding this application.

I further authorize the Town of Bedford to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

I authorize the release of any and all job-related information that the Town of Bedford may request or any records pertaining to past or present employment which may now exist or may exist in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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) \_\_\_\_\_ Gender Male / Female  
 MAIDEN NAME (If applicable) \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 1<sup>ST</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DRIVER'S LICENSE # AND 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.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint.

*New York employers and residents only:*

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

**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**

*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

**Town of Bedford**

**Requester** \_\_\_\_\_

**CLIENT ID#: INS\_00902**

- |  |   |
|--|---|
| <input type="checkbox"/> Criminal records search   | States to be searched? _____  |
| <input type="checkbox"/> Credit Report (Persona)   | <input type="checkbox"/> Multi-State Criminal Index w/Sex Offender Registry |
| <input type="checkbox"/> Motor Vehicle Record  | <input type="checkbox"/> SS number & Name Verification /Address search      |
| <input type="checkbox"/> Verification Services (Employment, Education, and Professional License) please list schools or employers below: |   |

Verification list here: \_\_\_\_\_