

## Town of Blacksburg Memorandum of Internal Application

**Please be advised that this memorandum may only be used to apply for positions that are within the same department. A current résumé or completed Town of Blacksburg application *must* be attached to this memorandum to receive consideration. \*Failure to submit supporting documentation as required will result in disqualification.**

TO: Human Resources

FROM: \_\_\_\_\_ (Please type or print all information clearly)

DATE: \_\_\_\_\_

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I am applying for the position of \_\_\_\_\_

with the \_\_\_\_\_ department.

I currently hold the position of \_\_\_\_\_

within this department.

I understand that with the submission of this memorandum that a review of my employee file may be required. Furthermore, I understand that in signing this memorandum, I am hereby granting permission for my employee file to be examined.

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

## EEO Survey

The information requested on the front and back of this form is needed to measure the effectiveness of the Town's Equal Employment Opportunity policy and to meet the reporting requirements of the related laws. **The information will be used for statistical purposes only.** This form will **not** remain with your application for employment.

<b>Position Applied For</b>		<b>Date of Application</b>	
<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Street Number</b>			<b>Apartment No.</b>
<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone No.</b>
<b>Birth Date</b>		<b>Sex-</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>ETHNIC ORIGIN.</b> Please check the <i>one</i> box which best describes your ethnic origin. <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Race/Ethnic Identification			

**Town of Blacksburg  
National Background Screening Consent Form**

Please print:

Applicant's **Legal** Name:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant's Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained after receipt of your authorization and, if you are offered employment with the Town of Blacksburg.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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