



# Application for Employment

Employees of the County of Fluvanna and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Human Resources at 434-591-1910.

1. Position applied for \_\_\_\_\_ 2. Salary Required \_\_\_\_\_  
(one per application)

3. Full legal name \_\_\_\_\_  
Last First Middle
4. Home Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

5. Address \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

- City State Zip 6. E-mail Address

## 7. EDUCATION

- a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12
- b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No
- c. Below, please list all post high school degree or certification programs begun or completed.

Name and Location of Institution	Was Program Completed?	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

- d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

8. **EXPERIENCE** — *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

9. May we contact your present supervisor? ☐ Yes ☐ No

- |    |  |   |
|----|--|---|
| a. | <b>Job Title</b> _____                           | <b>Duties:</b> _____                                |
|    | Employer _____                                   | _____   |
|    | Address _____                                    | _____   |
|    | _____  | _____   |
|    | _____ Phone _____                                | _____   |
|    | Type of business _____                           | _____   |
|    | Immediate supervisor _____                       | _____   |
|    | Title _____                                      | Number and titles of employees you supervised _____ |
|    | Salary (start) _____ (finish) _____              | Equipment used _____                                |
|    | Dates (mo/yr) _____ to (mo/yr) _____             | Reason for leaving _____                            |
|    | Full-time _____ Part-time _____ Hours/week _____ | Your name if different from present _____           |
|    |  | _____   |
| b. | <b>Job Title</b> _____                           | <b>Duties:</b> _____                                |
|    | Employer _____                                   | _____   |
|    | Address _____                                    | _____   |
|    | _____  | _____   |
|    | _____ Phone _____                                | _____   |
|    | Type of business _____                           | _____   |
|    | Immediate supervisor _____                       | _____   |
|    | Title _____                                      | Number and titles of employees you supervised _____ |
|    | Salary (start) _____ (finish) _____              | Equipment used _____                                |
|    | Dates (mo/yr) _____ to (mo/yr) _____             | Reason for leaving _____                            |
|    | Full-time _____ Part-time _____ Hours/week _____ | Your name if different from present _____           |

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
\_\_\_\_\_

e. Personal Computer Skills (specify software): \_\_\_\_\_

f. Have you ever been employed by the County of Fluvanna? If so, in what capacity?

g. Are you related to a current or former employee of the County of Fluvanna? If so, who?

h. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

# 10. REFERENCES

List 3 persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name	Address	Phone	Relationship

# 11. MISCELLANEOUS

a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours \_\_\_\_\_

b. Check which job status you will accept: ☐ Full-time ☐ Part-time (specify) \_\_\_\_\_

c. Check which employment status you will accept: ☐ Salaried (benefits) ☐ Hourly (No benefits) ☐ Part-time salaried (leave benefits only)

d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes.  
If yes, ☐ During the day only, ☐ Occasionally overnight, ☐ Frequently overnight.

e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.

g. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.  
If no, state reason: \_\_\_\_\_

h. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?  
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No

i. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:  
Description of offense: \_\_\_\_\_  
Statute or ordinance(if known ): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
County, City, State of Conviction: \_\_\_\_\_  
(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

# 13. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the County of Fluvanna. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the County of Fluvanna 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, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- ☐ White (includes Arabian)  
☐ Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)  
☐ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)  
☐ Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)  
☐ American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- ☐ Less than 8th grade  
☐ Completed 8th grade  
☐ Attended high school  
☐ High school graduate or equivalent  
☐ Attended college and/or associate degree  
☐ College graduate  
☐ Attended graduate school  
☐ Master's degree  
☐ Graduate study beyond master's requirements  
☐ Ph.D. or professional degree

Check the appropriate block:

- ☐ Female  
☐ Male

Please indicate your date of birth: \_\_/\_\_/\_\_

Position applied for: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- ☐ Newspaper\*      ☐ County website  
☐ Radio/TV\*      ☐ Current employee  
☐ VEC      ☐ Other (please specify)

\*specify name of newspaper or other media \_\_\_\_\_

## Supplementary Experience Form

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
<b>Job Title</b> _____	<b>Duties:</b> _____
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Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
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<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
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Employer _____	_____
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