

County of Fluvanna

Employment Application

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 the Fluvanna County Human Resources Office at (434) 591-1910.

Applicant's Full Name (Last, First Middle)		iddle) 2. Pos	2. Position applying for:			3. Salary Required			
4. Address					5. When will y	ou be available to	start work?		
6. Home Phone	Cell Phone	Work	Phone		Email Address				
			EDUCATION						
7. Educ. Level	☐ Not a H	igh School Gradua	ate	Attended graduate school					
(check one)	High sc	hool graduate or e	equivalent		Master's degree				
	Attende	ed college and/or	associate degre	e degree Graduate study beyond master's requirements					
	College	graduate			Ph.D. or other	professional degr	ee		
8. List below all post-hi	gh school degr	ee / certification p		or com	pleted.	Γ	I		
Name and Location o	of Institution		List Degree Received		Major	Minor	Dates Attended		
a.									
b.									
c.									
9. Additional/ongoing 6	educational pro	ograms – List type	of degree/certif	ication	and expected co	ompletion date:			
Starting with your	r most recent n	osition describe a	JOB EXPERIEN		nlicable volunta	ırv evnerience Hi	ghlight vour		
knowledge, skills and									
ı		mployer		Address					
Type of Business Supervi		visor's Name	Superv	ervisor's Position Phone					
Start Date (Mo/Yr) End Date (Mo/Yr)		/Yr) Starting	g Salary	Ending	Ending Salary Full-Time Par				
Duties						·			
No. Employees Supervis	Equipment Use	-d	Reason for Leaving						
140. Employees supervis	Equipment Ose	Neason for Leaving							
11. May we contact you	ur present supe	ervisor?	Yes N	0	1				

12. JOB TITLE #2	Employer			Address					
Type of Business	Supervi		visor's Name		Supervisor's Position		Phone		
Start Date (Mo/Yr) End Date (Mo/Y		lo/Yr)	Starting Salary	Ending Salary		Salary	Full-Time	Part-Time	
Duties									
No. Employees Supervi	sed	Equip	Equipment Used			Reason for Lea	aving		
13. JOB TITLE #3		Employer	mployer		Address				
Type of Business	Sup	ervisor's Na	risor's Name		Supervisor's Position		Phone		
Start Date (Mo/Yr)	End Date (M	lo/Yr)	Starting Salary	1	Ending Salary		Full-Time	Part-Time	
Duties				·					
No. Employees Supervised		Equip	Equipment Used		Reason for Lea		aving		
14. JOB TITLE #4		Employer	mployer		Address				
Type of Business Super		ervisor's Na	visor's Name		Supervisor's Position		Phone		
Start Date (Mo/Yr) End Date (Mo/		lo/Yr)	r) Starting Salary		Ending Salary		Full-Time	Part-Time	
Duties									
No. Employees Supervised		Equip	Equipment Used		Reason for Lea		aving		
15. JOB TITLE #5 Employer				Address					
Type of Business Superv		ervisor's Na	visor's Name Superv		visor's Position		Phone		
Start Date (Mo/Yr) End Date (Mo/		lo/Yr)	r) Starting Salary		Ending Salary		Full-Time	Part-Time	
Duties				•					
No. Employees Supervised		Equip	Equipment Used			Reason for Leaving			

OTHER EXPERIENCE								
16. List any applicable training, seminars, workshops, special achievements or skills, computer software skills, etc.								
17. Were you previously employed by Fluvanna County?								
18. Are you related to a current or former Fluvanna County employee? Yes No If yes, who?								
LICENSES Including driver's license, certificates, or other authorization to practice a trade or profession.								
19. Type								
	2. content by (state) menting board, seriou, etc.)							
REFERENCES								
List 3 persons (other than rela	atives or frie	ends) who have ki	nowledge o	of your wo	rk experience and	d/or education.	
20. Reference Name		City, State			Phone N	umber	Relationship	
MISCELLANEOUS								
21. Which job status you will accept?								
22. Which employment	status you will	accept?	☐ With Bene	fits	☐ No B	enefits		
23. Which shift(s) you will accept?								
24. For purposes of compliance with The Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States? (You will be required to complete an I-9 form and provide documentation of your identity for employment purposes.)								
25. For purposes of compliance with Section 2.2-2804 of the Code of Virginia, if you are/were required to register for the Selective Service, have you done so? If no, state reason:								
26. 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 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 Guard, or (ii) has a								
service-connected disability rating fixed by the United States Dept. of Veterans Affairs?								
a. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?						Yes No		
CERTIFICATION								
 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 with Fluvanna County. 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. 								
27. Applicant's Signature Date								
28. How did you find out about this employment opportunity? County Website Newspaper Radio/TV Current employee Other Source								