



**COUNTY OF WASHINGTON, VIRGINIA**  
DEPARTMENT OF ACCOUNTING

**APPLICATION FOR EMPLOYMENT**

ALL INFORMATION OBTAINED IN THIS APPLICATION WILL BE DISSEMINATED ONLY ACCORDING TO THE FEDERAL PRIVACY ACT OF 1976. FEDERAL LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION. THE COUNTY OF WASHINGTON VIRGINIA RESERVES THE RIGHT TO ACCEPT APPLICATIONS FOR EMPLOYMENT ONLY FOR SPECIFICALLY ADVERTISED POSITIONS. UNSOLICITED APPLICATIONS WILL BE RETURNED TO THE APPLICANT. THE COUNTY DEPARTMENT OF ACCOUNTING RETAINS ALL APPLICATIONS RECEIVED FOR ONE (1) YEAR.

APPLICANTS MAY SUBMIT RESUMES CONTAINING THE SAME INFORMATION IN LIEU OF PAGES 2 THROUGH 4 OF THIS APPLICATION. PLEASE COMPLETE AND ATTACH THIS PAGE AS COVER TO THE RESUME.

**POSITION APPLIED FOR**

Position Title \_\_\_\_\_

Office, Department or Agency \_\_\_\_\_

**APPLICANT NAME & SOCIAL SECURITY NUMBER**

First, Middle and Last Name \_\_\_\_\_

SSN (to be provided upon verbal request) \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

APPLICANT MAILING ADDRESS:

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Area Code & Home Telephone \_\_\_\_\_

Area Code & Work Telephone \_\_\_\_\_

Area Code & Mobile Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: \_\_\_\_\_  
Mos/Yrs.

**APPLICANT GENERAL INFORMATION:**

DO YOU HAVE A VALID DRIVERS LICENSE:  -YES  -NO STATE OF ISSUE: \_\_\_\_\_

COMMERCIAL DRIVERS LICENSE CLASS: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

HAVE YOU BEEN EMPLOYED BY WASHINGTON COUNTY BEFORE:  - YES  - NO - IF YES, WHEN AND IN WHAT CAPACITY:  
\_\_\_\_\_

WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN EMPLOYMENT: \_\_\_\_\_

ARE YOU PRESENTLY AN ELECTED OR APPOINTED OFFICIAL OR EMPLOYEE OF ANY STATE, COUNTY OR MUNICIPALITY:  - YES  - NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR CIVIL OFFENSE AGAINST THE LAW, INCLUDING MOVING TRAFFIC VIOLATIONS BUT EXCLUDING OFFENSES COMMITTED BEFORE YOUR 18<sup>TH</sup> BIRTHDAY:  -YES  - NO

HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT OR FORCED TO RESIGN, OR HAVE YOU EVER RESIGNED IN ORDER TO AVOID BEING DISMISSED:  -YES  -NO

DOES WASHINGTON COUNTY PRESENTLY EMPLOY ANY RELATIVES OF YOURS BY BLOOD OR MARRIAGE:  -YES  -NO

FOR PURPOSES OF COMPLIANCE WITH §40.1-11.1 OF THE 1950 CODE OF VIRGINIA, PLEASE STATE WHETHER YOU ARE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES:  -YES  -NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE FIVE QUESTIONS, PLEASE EXPLAIN YOUR ANSWER IN THE SPACE PROVIDED BELOW:  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION & AUTHORIZATION TO RELEASE INFORMATION**

I THE UNDERSIGNED HEREBY SUBMIT THIS APPLICATION FOR EMPLOYMENT FOR THE POSITION INDICATED HEREON. THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT AND SUPPORTING DOCUMENTATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION AND SUPPORTING DOCUMENTATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR TERMINATION OF EMPLOYMENT.

I FURTHER HEREBY AUTHORIZE WASHINGTON COUNTY TO CONDUCT A BACKGROUND INVESTIGATION OF CRIMINAL ACTIVITY AND INFORMATION RELATING TO MY CRIMINAL, TRAFFIC OR CREDIT RECORD. THIS AUTHORIZATION INCLUDES, BUT IS NOT LIMITED TO, AUTHORIZATION TO VERIFY INFORMATION SUBMITTED THROUGH PERSONAL INTERVIEW TO ASSIST IN THE BACKGROUND INVESTIGATION. I HEREBY RELEASE THE COUNTY OF WASHINGTON VIRGINIA, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY AND RESPONSIBILITY ARISING OUT OF THE OBTAINING OR RELEASE OF ANY INFORMATION CONCERNING ME IN CONNECTION WITH THIS BACKGROUND INVESTIGATION.

IN CONSIDERATION OF EMPLOYMENT WITH THE COUNTY OF WASHINGTON, VIRGINIA, I AGREE TO CONFORM TO THE POLICIES, RULES AND REGULATIONS OF THE COUNTY, AND I UNDERSTAND AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COUNTY OR MYSELF. I UNDERSTAND THAT NO OTHER EMPLOYEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

APPLICANT SIGNATURE: \_\_\_\_\_

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

**APPLICANT EDUCATION & MILITARY SERVICE:**

NAME OF HIGH SCHOOL OR GED: \_\_\_\_\_  
 CITY & STATE OF SCHOOL: \_\_\_\_\_  
 YEARS ATTENDING: \_\_\_\_\_ TO \_\_\_\_\_ GRADUATE/COMPLETE:  -YES  - NO

BRANCH OF ARMED SERVICES: \_\_\_\_\_  
 YEARS IN SERVICE: \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_ ACTIVE RESERVE DESIGNATION:  -YES  -NO  
 M.O.S. AT DISCHARGE: \_\_\_\_\_  
 SPECIAL TRAINING/SCHOOLS: \_\_\_\_\_  
 \_\_\_\_\_

NAME OF VOCATION/BUSINESS SCHOOL: \_\_\_\_\_  
 CITY & STATE OF SCHOOL: \_\_\_\_\_  
 YEARS ATTENDING: \_\_\_\_\_ TO \_\_\_\_\_ GRADUATE/COMPLETE:  -YES  - NO  
 DEGREE/CERTIFICATE EARNED: \_\_\_\_\_  
 MAJOR COURSE OF STUDY: \_\_\_\_\_

NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY: \_\_\_\_\_  
 CITY & STATE OF SCHOOL: \_\_\_\_\_  
 YEARS ATTENDING: \_\_\_\_\_ TO \_\_\_\_\_ GRADUATE/COMPLETE:  -YES  - NO  
 DEGREE/CERTIFICATE EARNED: \_\_\_\_\_  
 MAJOR/MINOR: \_\_\_\_\_

NAME OF POSTGRADUATE COLLEGE/UNIVERSITY: \_\_\_\_\_  
 CITY & STATE OF SCHOOL: \_\_\_\_\_  
 YEARS ATTENDING: \_\_\_\_\_ TO \_\_\_\_\_ GRADUATE/COMPLETE:  -YES  -NO  
 DEGREE/CERTIFICATE EARNED: \_\_\_\_\_  
 MAJOR: \_\_\_\_\_

OTHER EDUCATION TRAINING/CERTIFICATIONS RELEVANT TO THE POSITION YOU ARE APPLYING FOR, INCLUDING FAMILIARITY WITH COMPUTER SOFTWARE APPLICATIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT REFERENCES**

PLEASE LIST THREE PERSONS WHO ARE OF NO RELATION TO YOU WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS OR CHARACTER – REFERENCES SHOULD BE PERSONS IN ADDITION TO PAST OR PRESENT EMPLOYER(S):

_____	_____
Name of Reference	Area Code & Telephone No.
_____	_____
Name of Reference	Area Code & Telephone No.
_____	_____
Name of Reference	Area Code & Telephone No.

APPLICANT EMPLOYMENT HISTORY

1. NAME OF CURRENT OR MOST RECENT EMPLOYER:

TIME EMPLOYED: FROM Mo./Yr. TO Mo./Yr.

CURRENT OR MOST RECENT EMPLOYER MAILING ADDRESS:

Street Address or P.O. Box City State Zip Code Area Code & Telephone

Employer Website

TYPE OF BUSINESS:

YOUR JOB/POSITION TITLE:

DESCRIPTION OF JOB/POSITION RESPONSIBILITIES:

NAME OF IMMEDIATE SUPERVISOR:

SUPERVISOR'S JOB/POSITION TITLE:

MAY WE CONTACT THIS EMPLOYER: YES NO IF YES, PLEASE PROVIDE NAME & TELEPHONE NUMBER OF PERSON TO CONTACT:

Name of Contact Person & Job Title Area Code & Telephone No.

Contact Person E-mail

2. NAME OF PAST EMPLOYER (Employer preceding #1):

TIME EMPLOYED: FROM Mo./Yr. TO Mo./Yr.

PAST EMPLOYER MAILING ADDRESS:

Street Address or P.O. Box City State Zip Code Area Code & Telephone

Employer Website

TYPE OF BUSINESS:

YOUR JOB/POSITION TITLE:

DESCRIPTION OF JOB/POSITION RESPONSIBILITIES:

NAME OF IMMEDIATE SUPERVISOR:

SUPERVISOR'S JOB/POSITION TITLE:

MAY WE CONTACT THIS EMPLOYER: YES NO IF YES, PLEASE PROVIDE NAME & TELEPHONE NUMBER OF PERSON TO CONTACT:

Name of Contact Person & Job Title Area Code & Telephone No.

Contact Person E-mail

APPLICANT EMPLOYMENT HISTORY (continued)

3. NAME OF PAST EMPLOYER (Employer preceding #2):

TIME EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Mo./Yr. Mo./Yr.

PAST EMPLOYER MAILING ADDRESS:

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code & Telephone \_\_\_\_\_

Employer Website \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

YOUR JOB/POSITION TITLE: \_\_\_\_\_

DESCRIPTION OF JOB/POSITION RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S JOB/POSITION TITLE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  - YES  - NO IF YES, PLEASE PROVIDE NAME & TELEPHONE NUMBER OF PERSON TO CONTACT:

Name of Contact Person & Job Title \_\_\_\_\_ Area Code & Telephone No. \_\_\_\_\_

Contact Person E-mail \_\_\_\_\_

4. NAME OF PAST EMPLOYER (Employer preceding #3):

TIME EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Mo./Yr. Mo./Yr.

PAST EMPLOYER MAILING ADDRESS:

Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code & Telephone \_\_\_\_\_

Employer Website \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

YOUR JOB/POSITION TITLE: \_\_\_\_\_

DESCRIPTION OF JOB/POSITION RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S JOB/POSITION TITLE: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER:  - YES  - NO IF YES, PLEASE PROVIDE NAME & TELEPHONE NUMBER OF PERSON TO CONTACT:

Name of Contact Person & Job Title \_\_\_\_\_ Area Code & Telephone No. \_\_\_\_\_

Contact Person E-mail \_\_\_\_\_