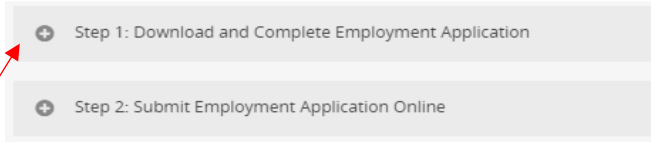




Completing & Submitting Your Employment Application

Please submit your completed employment application by one of the following ways.

1. To download and complete the employment application electronically, please visit our website <https://www.washcova.com/administrative-directory/human-resources/employment-opportunities/>.
2. Locate the “County Employment Application Steps” at the bottom of the page.
3. Expand the drop downs by clicking on the “+” symbol on the side of the two bars.



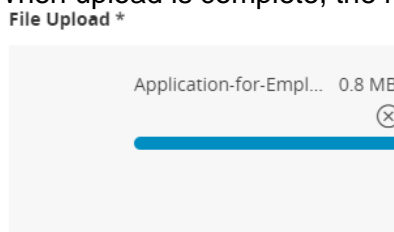
4. The application submission is a 2-step process:
5. **STEP 1: Expand Step 1 and click on the red button “Application for Employment”.**

APPLICATION FOR EMPLOYMENT

- a. The employment application will open in a new tab on your browser. Save this as a PDF.
- b. Open the saved PDF Application.
- c. Complete electronically or Print.
- d. Be sure to enter in all of the required fields with the most updated and correct information.
- ** Note: The application MUST be signed before submitting**
- e. For the applicant signature, there are several different options.
 - i. Print the completed application and sign with pen.
OR
 - ii. Print the completed application, sign with pen, and scan for electronic submission using STEP 2.
OR
 - iii. The application may also be signed electronically and submitted using STEP 2.

6. **STEP 2: Submit Employment Application:**

- a. Options for Submission:
 - i. **In person:** Delivery to Human Resources Office located at the County Government Center Building, at 1 Government Center Place, Suite A, Abingdon VA, 24210, between the hours of 8am – 5pm.
 - ii. **By mail:** Kathy Johnson, Human Resources Director, 1 Government Center Place, Suite A, Abingdon VA, 24210.
 - iii. **By email:** Kathy Johnson, Human Resources Director at kjohnson@washcova.com .
 - iv. **Online:** Upload by expanding Step 2, “Submit Employment Application Online”.
 1. Fill in all sections.
 2. In the “File Upload” box, click the box to begin uploading the application.
 3. When upload is complete, the following will appear:



4. Complete the reCAPTCH and click on “Submit Application”.

ALL INFORMATION OBTAINED IN THIS APPLICATION WILL BE DISSEMINATED ONLY ACCORDING TO THE FEDERAL PRIVACY ACT OF 1976. THE COUNTY SHALL FOLLOW FEDERAL LAW THAT PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, SEX, COLOR, NATIONAL ORIGIN, RELIGION, PREGNANCY, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, MARITAL OR VETERAN STATUS, POLITICAL AFFILIATION, GENETICS, PHYSICAL OR MENTAL DISABILITY, OR OTHER CATEGORY PROTECTED BY STATE OR FEDERAL LAW. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY NOTIFY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION AND THE COUNTY HUMAN RESOURCES DEPARTMENT. THE COUNTY OF WASHINGTON, VIRGINIA RESERVES THE RIGHT TO ACCEPT APPLICATIONS FOR EMPLOYMENT ONLY FOR SPECIFICALLY ADVERTISED POSITIONS. THE COUNTY DEPARTMENT OF HUMAN RESOURCES 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

FIRST, MIDDLE, AND LAST NAME _____

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/YR

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 DISMISSED FROM EMPLOYMENT OR FORCED TO RESIGN, OR RESIGNED IN ORDER TO AVOID BEING DISMISSED: YES NO

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

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

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

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.

APPLICANT AGREES, UPON OFFER OF EMPLOYMENT WITH THE COUNTY, TO PROVIDE PERSONAL DESCRIPTIVE INFORMATION AND FINGERPRINTING, WHICH APPLICANT HEREBY AUTHORIZES THE COUNTY TO FORWARD TO THE CENTRAL CRIMINAL RECORDS EXCHANGE AND THE FEDERAL BUREAU OF INVESTIGATION TO OBTAIN CRIMINAL HISTORY RECORDS. THIS AUTHORIZATION INCLUDES, BUT IS NOT LIMITED TO, PERMISSION TO VERIFY INFORMATION THROUGH PERSONAL INTERVIEW(S). 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

WASHINGTON COUNTY PROMOTES A DRUG-FREE WORK ENVIRONMENT. IF A JOB OFFER IS EXTENDED TO YOU, YOU WILL BE REQUIRED TO SUBMIT TO AND PASS A DRUG AND/OR ALCOHOL TEST BEFORE BEGINNING WORK. ADDITIONALLY, A DRUG TEST MAY BE REQUIRED ON A RANDOM BASIS AND FOLLOWING A WORK-RELATED ACCIDENT WITH INJURY OR PROPERTY DAMAGE..

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: _____
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: _____
YEARS ATTENDING: _____ TO: _____ GRADUATE/COMPLETE: YES NO
DEGREE/CERTIFICATE EARNED: _____
MAJOR COURSE OF STUDY: _____

NAME OF UNDERGRADUATE COLLEGE/UNIVERSITY: _____
CITY: _____ STATE: _____
YEARS ATTENDING: _____ TO: _____ GRADUATE/COMPLETE: YES NO
DEGREE/CERTIFICATE EARNED: _____
MAJOR/MINOR: _____

NAME OF POSTGRADUATE COLLEGE/UNIVERSITY: _____
CITY: _____ STATE: _____
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: _____ TO: _____

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 SUPEVISOR: _____

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 _____

CONTACT PERSON E-MAIL _____

2. NAME OF PAST EMPLOYER (EMPLOYER PRECEDING #1): _____

TIME EMPLOYED- FROM: _____ TO: _____

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 SUPEVISOR: _____

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 _____

CONTACT PERSON E-MAIL _____

APPLICANT EMPLOYMENT HISTORY (CONTINUED)

3. NAME OF PAST EMPLOYER (EMPLOYER PRECEDING #2):

TIME EMPLOYED- FROM: _____ TO: _____

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 SUPEVISOR: _____

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 _____

CONTACT PERSON E-MAIL _____

4. NAME OF PAST EMPLOYER (EMPLOYER PRECEDING #3):

TIME EMPLOYED- FROM: _____ TO: _____

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 SUPEVISOR: _____

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 _____

CONTACT PERSON E-MAIL _____