

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 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 \_\_\_\_\_

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 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 \_\_\_\_\_

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 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 \_\_\_\_\_

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 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 \_\_\_\_\_

CONTACT PERSON E-MAIL \_\_\_\_\_