

# Carroll County, Virginia

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

*It is the policy of Carroll County to provide equal opportunity without regard to race, color, religion, sex, age, national origin, marital status, disability, citizenship or veteran's status.*



*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 Human Resources Office.*

### APPLICANT INFORMATION

Position Applied For: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Address
City
State
Zip

e-Mail Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### EDUCATION

	Name & Location of School	Dates Attended	Check Last Year Completed	Did you Graduate?	Type of Degree or Certification Received
High School			9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
College			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Graduate			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Other			1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	

If you did not complete high school, do you have a high school equivalency diploma? Yes  No

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

## EXPERIENCE

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. You may attach additional information but cannot substitute a resume for the application.

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

If your name was different than present at any of the above-listed employers, please provide previous name(s) and at which employer(s) previous name(s) applied. \_\_\_\_\_

May we contact your present supervisor?      Yes       No

## LICENSES, SPECIALIZED TRAINING AND OTHER SKILLS

List any license (to include driver's), certificate or other authorization to practice a trade or profession.			
Type	License Number	Expiration Date	Granted By (Licensing Board)

Use this space for any additional information you think would help us evaluate your application including: training, seminars, workshops, special achievements or specialized skills. Please include computer/software experience, trades and etc.

## REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications.			
Name	Address	Phone	Relationship

## ADDITIONAL APPLICANT INFORMATION

1. Have you ever been employed by Carroll County? If so, when and in what position? \_\_\_\_\_

2. 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 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.

3. 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: \_\_\_\_\_

4. 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 (1) 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 Guard, or (2) has a service-connected disability rating fixed by the United States Veterans affairs?    Yes     No

If YES, did you serve during the Vietnam Conflict (02-28-61-03/07/75)?    Yes     No

5. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?    Yes     No

If YES, please provide the following:

Date of Charge: \_\_\_\_\_ Description of Offense: \_\_\_\_\_

Statute or Ordinance (if known): \_\_\_\_\_

County, City, State of Conviction: \_\_\_\_\_

(For additional convictions, use plain paper and 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.

6. Check which shift you will accept:    Day     Evening     Night     Rotating     Weekends

7. Check which job status you will accept:    Full-Time     Part-Time

8. Are you willing to accept employment which requires you to travel?    Yes     No

9. When will you be available to start work?    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## CERTIFICATION

I hereby certify that all entries on this application 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 Carroll. I understand that all information on this application is subject to verification, and I consent to criminal history background checks. I understand that drug screening may be required both pre-employment and during employment, and I consent to such drug screening. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Carroll County 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: \_\_\_\_\_

## SUPPLEMENTARY EXPERIENCE FORM

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		

Job Title:	Dates of Employment: From:                      To:	Name and Address of Employer:
Phone Number:	Full-Time <input type="radio"/> Part-Time <input type="radio"/>	Reason for Leaving:
Salary: Starting:                      Ending:	Name of Supervisor:	Number and Titles of Employees You Supervised:
Duties:		