

**NOTICE TO ALL APPLICANTS SEEKING
EMPLOYMENT WITH SHENANDOAH COUNTY**

Shenandoah County requires all applications for employment to be completed in full with applicant's signature. "See Resume" is not an acceptable response.

APPLICATION FOR EMPLOYMENT



SHENANDOAH COUNTY, VIRGINIA

600 North Main Street *An Equal Opportunity Employer* Woodstock, Virginia 22664

It is the policy of Shenandoah County to base personnel administration on merit principles, including equitable compensation based on job classification; evaluation, selection, and promotion based on ability, knowledge, skills, and performance; and fair and equal treatment of applicants and employees in all aspects of personnel management without regard to their race, creed, color, religion, national origin, ancestry, political affiliation, disability, sex, age, or marital status.

(PLEASE PRINT OR TYPE)

Date of Application: _____

Position(s) Applied For: _____

Name: _____

Last

First

Middle

Address: _____

Number

Street

City

State

Zip

Telephone: () _____ (day) Social Security Number: _____

() _____ (eve) Email: _____

(To be used as a primary method of written notification)

Have you been employed here before? _____ Yes _____ No If yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____

Are you on a lay-off and subject to recall? _____ Yes _____ No

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 that you are eligible to be employed and verifying your identity. You will be required to provide documentation to that effect should you be employed.

In accordance 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? _____ Yes _____ No

If no, state reason: _____

On what date would you be available for work _____

Are you available to work _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Can you travel if a job requires it? ____ Yes ____ No Are you 18 years or older? ____ Yes ____ No

Can you perform the essential functions of the job for which you are being considered with or without reasonable accommodation? ____ Yes ____ No

EDUCATION

	Elementary	High	College/Univ.	Grad./Prof.
School Name				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities				

Honors Received: _____

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

Do you have a valid driver's license? ____ Yes ____ No

Commercial Driver's License? ____ Yes ____ No

Have you been convicted of a felony within the last 7 years? ____ Yes ____ No

If Yes, please explain:

(A conviction will not necessarily disqualify the applicant from employment.)

Give name, address and telephone number of three references who are not related to you and are not previous employers:

EMPLOYMENT EXPERIENCE

Start with your present job. Include military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed:
Telephone	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact this Supervisor?	Yes	No	

Employer	Dates Employed		Work Performed:
Telephone	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact this Supervisor?	Yes	No	

Employer	Dates Employed		Work Performed:
Telephone	From	To	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
May We Contact this Supervisor?	Yes	No	

If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged or asked to resign from a job? Yes No
 If Yes, explain: _____

Explain any gaps in work history _____

List professional, trade, business, or civic activities and office held: _____

(You need not disclose membership in professional organizations that may reveal information regarding the race, color, creed, sex, religion, national origin, age, disability, or any other protected status.)

Special Skills and Qualifications
 Summarize special skills and qualifications, acquired from employment or other experience, which may be of specific value in the job for which you are applying. _____

State any additional information you feel may be helpful to us in considering your application.

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. In processing this employment application, the County may request that an investigative consumer report be prepared, which may include a request to a credit bureau, as well as information as to the applicant's character, general reputation, mode of living, and/or personal characteristics. If the County makes such a request in connection with this application, it will notify you within three (3) days of the request. The applicant has the right to request that the County completely and accurately disclose to the applicant the nature and scope of the investigation requested. Such a request must be made in writing to the County Administrator's office within a reasonable time after receipt of notice from the County of the request.

APPLICANT'S STATEMENT

In the event of my employment to a position with the County, I will comply with all rules and regulations as set forth in County policies or procedures. Further, I understand that regardless of the date of payment of my wages or salary, my employment can be terminated at any time without notice or cause. I understand that this application is not a contract of employment. I understand that such employment is, insofar as permitted by the Rehabilitation Act of 1973 and the Americans with Disabilities Act, conditioned upon favorable health evidence, which may include a blood or urine test by a physician selected by the County to which I hereby assent. I agree that the examining physician may disclose these findings to the County or an authorized agent of the County.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the County to verify the accuracy of all of the information provided herein and to obtain reference information on my work performance. I hereby release the County from any and all liability of whatever kind and nature that, at any time, could result from obtaining and basing an employment decision on such information. I further understand that any false or misleading information given in this application or in any interview may result in disqualification for consideration for employment or, if already employed, discipline up to and including discharge.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks: _____

Employed _____ Yes _____ No Salary \$ _____

Date of Employment _____

Job Title _____ Dept. _____

By _____
Name and Title Date

Supplementary Experience Form

Social Security Number _____
Name _____

Position Applied For _____
Announcement Number _____

Job Title _____
Employer _____
Address _____
Phone _____

Type of business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number and title of employees you supervised _____
Equipment/software used _____
Reason for leaving _____
Your name if different from present _____

Job Title _____
Employer _____
Address _____
Phone _____

Type of business _____
Immediate Supervisor _____
Title _____
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County of Shenandoah

BOARD OF SUPERVISORS

600 N. Main Street, Ste 102
WOODSTOCK, VA 22664

OFFICE OF COUNTY ADMINISTRATION

DISTRICT 1 - DICK NEESE 540.740.3414
DISTRICT 2 - STEVE BAKER 540.477.3550
DISTRICT 3 - DAVID FERGUSON 540.984.8777
DISTRICT 4 - CINDY BAILEY 540.481.0471
DISTRICT 5 - MARSHA SHRUNTZ 540.465.3928
DISTRICT 6 - CONRAD HELSLEY 540.481.6167



MARY T. PRICE
COUNTY ADMINISTRATOR

Tel: 540.459.6165 Fax: 540.459.6168

Background Consent/Release Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date: _____

Signature: _____

Job Title: _____