

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? Yes No

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				

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:

- 1.
- 2.
- 3.

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.

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

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

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

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

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

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: