



## APPLICATION FOR EMPLOYMENT

600 North Main Street, Suite 102, 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, sexual orientation, gender, veteran or military status, marital status or any other status or class protected by federal or local laws. The County provides reasonable accommodations to applicants during the application process and will ensure equal access to available positions. Please contact Human Resources at 540-459-4712 or 540-459-6160 to request a reasonable accommodation to apply.

### An Equal Opportunity Employer

#### Personal Information

Position desired \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

E-mail Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Have you ever worked for Shenandoah County before?  Yes  No

If yes, when, and what position?

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 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.

Are you at least 18 years old, or older?  Yes  No If no, you may be required to provide authorization to work.

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 why: \_\_\_\_\_

## Position Desired

On what date would you be available for work? \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Are you available to work:       Full-Time                       Part-Time                       Shift Work                       Temporary

If necessary for the job, are you available to work overtime?  Yes  No

If necessary for the job, are you able to travel?  Daytime Only  Overnight  No

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodation?  Yes  No

Do you have a valid driver's license?     Yes  No      Commercial Driver's License (CDL)?     Yes  No

Are you currently on a layoff and subject to recall?  Yes  No

Hourly rate/Salary desired \_\_\_\_\_

## Education

EDUCATION	Name and location of school	No. of yrs. Attended	Diploma/Degree Received	Subjects studied/Major/Specialized Training
High School				
College or University				
Trade, Business or Correspondence School				

Other Honors Received:

Indicate languages you speak, read, or write:

	Fair	Good	Fluent
Speak			
Read			
Write			

## Employment History

Please start with your most recent employer. Include military service assignments and volunteer activities.  
"See Resume" is not acceptable.

### Current Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

### Previous Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

### Previous Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

**Additional Information:**

Have you ever been discharged or asked to resign from a job or position?  Yes  No

If yes, please explain.

Please explain any gaps in work history:

List professional, trade business or civic activities, and any offices held:

You need not disclose membership in professional organizations that may reveal information regarding the race, creed, color, religion, national origin, ancestry, political affiliation, disability, sex, age, sexual orientation, gender, veteran or military status, marital status, or any other status or class protected by federal or local laws.

Summarize special skills and qualifications which may be of specific value in the job for which you are applying.

**References**

Please list three (3) business or professional references who are not related to you:

**Reference #1**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reference #3**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Supplemental Employment History

### Previous Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

### Previous Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

### Previous Employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Reason for Leaving: \_\_\_\_\_

Brief Description of Position:

**Please read carefully before signing.**

This employment application 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 provide written notice to you in accordance with the Fair Credit Reporting Act. 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 a job offer may be conditioned upon answering certain job-related medical questions or successfully passing a job-related medical exam, which may include a blood or urine test, by a physician selected by the County, insofar as permitted by the Rehabilitation Act of 1973 and the Americans with Disabilities Act, 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 the information provided herein and to obtain reference information on my work performance. I hereby release the County from 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.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THIS APPLICATION IS VALID FOR 30 DAYS FROM THE DATE ABOVE.**

## EEO Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all government employers with 50 or more employees and contracts of at least \$25,000 to complete an EEO-4 report. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment should you be extended an offer of employment. This form will be used for EEO reporting purposes only and will be kept separate from all other personnel records, and accessed only by the Human Resources department.

If you choose not to self-identify at this time, the federal government requires Shenandoah County to determine this information by visual survey and/or other available information.

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Gender:**

(Please check one of the options below)

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Race/Ethnicity:**

(Please check one of the descriptions below best corresponding to the ethnic group with which you identify)

\_\_\_\_ Hispanic or Latino

\_\_\_\_ White (Not Hispanic or Latino)

\_\_\_\_ Black or African American (Not Hispanic or Latino)

\_\_\_\_ Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

\_\_\_\_ Asian (Not Hispanic or Latino)

\_\_\_\_ Native American or Alaska Native (Not Hispanic or Latino)

\_\_\_\_ Two or more races (any person who identifies with more than one of the above listed races)

\_\_\_\_ I do not wish to disclose

**How did you learn about the position for which you are applying?**

Social Media    Job Fair    County Website    Employee    Newspaper

Other, Please State: \_\_\_\_\_