

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)

(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 | |

| | | | |
|---------------------------------|--------------------|-------|-----------------|
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| 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

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Salary (start)

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