



# County of Rockbridge

Application for Employment

150 S. Main St  
Lexington, VA 24450  
(540) 463-4361 FAX (540) 463-5981

Unless otherwise stated, applications are only accepted for jobs which are currently open. Be sure to list the title of the job you are applying for. Incomplete applications will not be considered. Mail or bring your application to the address listed above.

**NAME**     
Last First Middle

**ADDRESS**

**HOME PHONE**  **WORK PHONE**   
(Only if we may contact you at work)

**POSITION APPLIED FOR**

**SOCIAL SECURITY #**  A copy of your Social Security Card will be required upon employment.

Have you previously worked for Rockbridge County?  Yes  No  
 If YES give dates

If you are under 18 years of age can you provide proof of eligibility to work?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
 Proof of citizenship or immigration status will be required upon employment

Do you have a valid driver's license?  Yes  No If Yes, State

Do you have a valid Commercial Driver's License?  Yes  No If Yes, State

Available for  Full-Time  Part-Time  Temporary work.

ROCKBRIDGE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATIONAL BACKGROUND

High School Graduate or GED?  Yes  No

Name and Location of school

Year Graduated

Name & Location of college or university	Dates Attended	Major/Subject	Degree & Date
1.			
2.			
3.			

Describe any job related courses or training you have completed.

List any special qualifications, skills, certificates, licenses, professional associations or additional information you feel will be helpful to us in considering your application.

## REFERENCES

Provide the names of three individuals not related to you, in addition to employment supervisors, who can provide information regarding your ability to perform this job.

Name	Address	Telephone	Years Acquainted

## EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. **List all experience in order, starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position. Attach additional sheets if necessary.

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### 1. Dates of Employment

From	<input type="text"/>	To	<input type="text"/>	Description of work
Title or Position	<input type="text"/>			<input type="text"/>
Employer	<input type="text"/>			
Address	<input type="text"/>			
Supervisor	<input type="text"/>			
Telephone	<input type="text"/>			
Starting Salary	<input type="text"/>			
Ending Salary	<input type="text"/>			
				Reason for leaving
				<input type="text"/>

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### 2. Dates of Employment

From	<input type="text"/>	To	<input type="text"/>	Description of work
Title or Position	<input type="text"/>			<input type="text"/>
Employer	<input type="text"/>			
Address	<input type="text"/>			
Supervisor	<input type="text"/>			
Telephone	<input type="text"/>			
Starting Salary	<input type="text"/>			
Ending Salary	<input type="text"/>			
				Reason for leaving
				<input type="text"/>

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3. Dates of Employment

From  To

Title or Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

4. Dates of Employment

From  To

Title or Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

May we contact your present employer for references?

Yes

No

May we contact you at your present place of employment?

Yes

No

Are you fully able to perform the essential duties of the job, as set forth in the job description for this position, for which you are applying? If no, please explain. A disability will not bar you from employment if you are able to perform the essential duties of the job with reasonable accommodations.

Yes

No

Have you ever been convicted of any felony?

Yes

No

If yes, please explain. A conviction does not necessarily disqualify an applicant from employment.

[Empty box for explanation]

Have you ever been fired, terminated or forced to resign from a job?

Yes

No

If yes, give name and address of employer and describe the circumstances. A firing, termination or forced resignation does not necessarily exclude you from employment.

[Empty box for employer details]

### CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that false or incomplete statements may be grounds for disqualification from employment. I authorize Rockbridge County to conduct a background investigation pursuant to my employment with the County. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith. I further understand that any employment is conditioned upon successful completion of a probationary period.

Signature \_\_\_\_\_

Date

For County Use

Hire Date \_\_\_\_\_

Full-Time    Part-Time    Temporary

Starting Salary or Hourly Rate \_\_\_\_\_

Grade/Step \_\_\_\_\_

G/L Expense Code \_\_\_\_\_

Comments: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_