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 PRIN	ΓO <u>R TYPE)</u>					
Date of Applicat	ion:					
Position(s) Appli	ied For:					
Name:	Y		First		Middle	
Address:	Last		FIISt		Middle	
	Number	Street	City		State	Zip
Telephone:		(day)	Social Security I	Number:		
		(eve)	Email:			
Have you been e	mployed here befo	re?		s a primary me yes, give da	ethod of written a	notification)
Are you employe	ed now?	es No	May we contact y	your present	employer?	Yes No
Are you on a lay-	-off and subject to	recall?	Yes No			
	eligible for employ] Yes [] No	
	ion Reform and Contro verifying your identity					
In accordance wi	ith Section 2.2-280	04 of the Code o	f Virginia, if you	are/were red	quired to regis	ster for the
Selective Service	e, <u>have you done so</u>	o? Yes	☐ No		_	
If no, state reason	n:					
On what date wo	ould you be availab	le for work				
Are you available	e to work	Full Time	Part Time [Shift W	ork Ten	nporary

	T1 4	TT' 1	C 11 //II :	C 1/D C
	Elementary	High	College/Univ.	Grad./Prof.
School Name				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Describe Specialized				
Training, Apprenticeship, Skills,				
and Extra Curricular				
Indicate languages you speak			GOOD FAIR	2
Speak Read				
Write				
Do you have a valid driver's	license?	Yes N	[o	
Commercial Driver's Licens	e?	☐ No		
	a felony within the	last 7 years?	Yes	No
Have you been convicted of				
Have you been convicted of If Yes, please explain:				
	-	nt from employme	ent)	

EMPLOYMENT EXPERIENCE

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

Employer	Dates Employed		Work Performed:	
Telephone	From	То		
Address				
Job Title	Hourly Rate/Salary			
Supervisor	Starting Final			
Reason for Leaving				
May We Contact this Supervisor?	Yes	☐ No		
		Ш		
Employer	Dates En	nploved	Work Performed:	
Telephone	From	То	, , , , , , , , , , , , , , , , , , ,	
Address				
Job Title	Hourly Ra	te/Salarv		
Supervisor	Starting	Final		
Reason for Leaving	•			
May We Contact this Supervisor?	Yes	No		
	<u> </u>	<u>, ——</u>		
Employer	Dates En	nployed	Work Performed:	
Telephone	From	То		
Address				
Job Title	Hourly Ra	te/Salary		
Supervisor	Starting	Final		
Reason for Leaving	Starting	1 11141		
May We Contact this Supervisor?	Yes	□ No		
If you need additional space,			engrate sheet of paper	
ŋ you neeu dadiionai space,	pieuse comi	nue on a s	eparate sheet of paper.	
Have you ever been discharged or asked	to resign fro	m a job?	☐ Yes ☐ No	
If Yes, explain:		j		
Explain any gaps in work history				
List professional, trade, business, or civic	activities ar	nd office l	neld:	
(You need not disclose membership in profession				
creed, sex, religion, national origin, age, disability	, or any other	protected st	tatus.)	
Special Skills and Qualifications				
Special Skills and Qualifications	ne occuired	from omr	playment or other experience, which may	
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.				
of specific value in the job for willen y	ou are appr	ymg.	_	

State any additional info	ormation you fe	eel may be	helpful to	us in consi	dering you	r application.	
This application for em	ployment is go	od for 30	davs only.	Considera	tion for em	ployment after 30	days requires a
	s application was loyed. In property the preparater, general numbers of the connection was right to request the investigation	vill be given cocessing ared, which is reputation with this appropriate that the request	this employed this employed this employed the may include, mode of pplication, and county county county county county.	considerati yment app ide a reque living, an it will noti mpletely a a reques	on, but its plication, to est to a creed/or persor fy you with accurate to must be	receipt does not he County may a dit bureau, as well hal characteristics. hin three (3) days rely disclose to the made in writing	imply that the request that an as information If the County of the request. e applicant the to the County
		A DDI T	CANT'S S'	ГАТЕМЕ	NT		
		ALLLI	CANTSS	IAIEWIE	111		
In the event of my emp forth in County policies or salary, my employr application is not a con Rehabilitation Act of 19 which may include a bl that the examining phys. I certify that the answer to verify the accuracy of performance. I hereby could result from obtain any false or misleading consideration for emplo	s or procedures ment can be to attract of employ 973 and the Ar ood or urine to ician may disclude significant for the inferelease the Couning and basin information given tor, if alr	. Further erminated yment. I mericans wast by a phase these are true a formation anty from g an empyen in thi eady emp	I understa at any tin understand with Disabil nysician sel- findings to and complet provided h any and all loyment des application	nd that reg me withou that such ities Act, ected by the the County to the be erein and to liability of cision on n or in any pline up to	ardless of to the notice of employme conditioned the County to an authorist of my know to obtain ref whatever such information interview.	the date of payment reause. I under not is, insofar as pure a upon favorable has which I hereby horized agent of the nowledge. I authorized and nature thation. I further may result in disc	nt of my wages restand that this ermitted by the health evidence, assent. I agree the County on on my work nat, at any time, understand that
			, Аррисані		Duie		
	FOR	PERSON	NEL DEPAF	RTMENT U	SE ONLY		
	Arrange Intervi		Yes	No			
	Remarks:						
	Employed	Yes	No	Salary \$			
	Date of Employ		110	Багаг у Ф			
	Job Title			Dept.			
		By Nan	ne and Title	_	Date		

Supplementary Experience Form

Social Security Number	Position Applied For
Name	Announcement Number
	I ₋ . [
Job Title	Duties
Employer Address	
Phone	
Type of business	
Immediate Supervisor	
Title	Number and title of employees you supervised
Salary (start) (finish)	Equipment/software used
Dates (mo/yr to (mo/yr) Full-time Part-time Hours/week	Reason for leaving Your name if different from present
Full-time Part-time Hours/week	1 our name it different from present
Job Title	Duties
Employer	
Address	
Phone	
Type of business	
Immediate Supervisor	NT 1 1661 C 1 1
Title Salary (start) (finish)	Number and title of employees you supervised Equipment/software used
Dates (mo/yr to (mo/yr)	Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
Job Title	Duties
Employer	
Address	
Type of business Phone	
Immediate Supervisor	
Title	Number and title of employees you supervised
Salary (start) (finish)	Equipment/software used
Dates (mo/yr to (mo/yr)	Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
X 1 770	D. C.
Job Title Employer	Duties
Address	
Phone	
Type of business	
Immediate Supervisor	
Title	Number and title of employees you supervised
Salary (start) (finish)	Equipment/software used
Dates (mo/yr to (mo/yr)	Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
Job Title	Duties
Employer	
Address	
Phone	
Type of business	
Immediate Supervisor	N. 1. Leaf C. 1
Title Solory (stort) (finish)	Number and title of employees you supervised
Salary (start) (finish) Dates (mo/yr) to (mo/yr)	Equipment/software used Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
The same in the sa	

County of Shenandoah

BOARD OF SUPERVISORS

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

Applicant's Legal Name (printed)

600 N. Main Street, Ste 102 WOODSTOCK, VA 22664 OFFICE OF COUNTY ADMINISTRATIO



MARY T. PRICE COUNTY ADMINISTRATOR

Tel: 540.459.6165 Fax: 540.459.6168

Background Consent/Release Form

Social Security Number	Date of Birth
Applicant's Address	
City	State Zip
I, organization to obtain information	authorize and give consent for the above named regarding myself. This includes the following:
 Criminal background recor Sex Offender Registry Che Addresses Social Security Verification 	
connection with my application. A records in accordance with this au	formation to be obtained either in writing or via telephone in y person, firm or organization providing information or thorization is released from any and all claims of liability for be held in confidence in accordance with the organization's
Print Name:	Date:
Signature:	
Job Title:	