

Office use only					
Date submitted					
Received by					

## **APPLICATION FOR EMPLOYMENT**

Scott County, Virginia	_
<ul> <li>Follow instructions carefully</li> <li>Provide detail – do not use "see resume"</li> <li>If accommodation or assistance is needed in contract the contract of the con</li></ul>	<ul> <li>Print or type</li> <li>Check for errors &amp; signature before submitting mpleting this application, contact the county offices.</li> </ul>
POSITION APPLYING FOR:	
General Information	
Name (Last, First, Middle Initial)	Work Telephone Home Telephone Email Address
Mailing Address	City State Zip Code
Have you ever been employed in any agency, department No Yes If so, please state dates of employment: Fand the agency, department, board or commission to w	rom (M/Y) to (M/Y),
Are eligible to work in the United States?   Yes (Eligible	ility will be verified prior to employment.)
Have you ever been convicted of a crime other than a m  If yes, please explain:  (Convictions are not an absolute bar to employment but will be considered in	
How did you learn about this opening?	
	tical subdivision of the Commonwealth of Virginia of a person who was  Service registration requirement and failed to do so. If you were  Yes No NA
Did you graduate high school or earn a GED? [	Yes — year earned No- Highest grade completed
Higher / advanced learning or training. SCHOOL NAME AND LOCATION (college, business, vocational, or other)	Frade, Major Did you graduate? Diploma, Degree, Certificate earned & and year received.
License or Certification List all current and expired on	ertifications which would pertain to the position you are applying for.
License/Certification State	Profession License/Certification # Expiration Date
☐ I have attached sheet(s) listing addition	nal education, training, license or certifications.

Check box if applicable.

## **Employment History:**

- Start with your current or last job include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position. Provide detail; do not use "see resume" or leave out information. Write **NA** in blocks that are not applicable.

May we contact your current employer for a reference?	∐Ye	s  No						
1. Employer	Telepho	one Number			Supervisor's Nar	ne		
Type of Business	Addres	S [						
	<u> </u>	<u> </u>	P. 4		\ \ \			
Your Job Title	Dates Employed (indicate months &			& years) Average Hours Worked P			orked Per 1	
	From:			To:				
Duties:								
Monthly Salary Reason for Leaving or Reason for C	Considerii	ng Leaving if	f Still Em	nployed				
Employer	Telepho	one Number			Supervisor's Nar	ne		
Z. Type of Business	Addres	S						
Many lab Title	D-t F		-l' t	41 (	)	A	1 \\	dead Dea
Your Job Title		mployed (in	idicate n		s years)	Average F Week	iours vvo	orked Per I
Dutan	From:			To:				
Duties:								
Monthly Salary Reason for Leaving or Reason for C	Considerii	ng Leaving if	f Still Em	nployed				
3. Employer	Telepho	one Number			Supervisor's Nar	ne		
Type of Business	Addres	S						
Your Job Title	Detec 5	Translation of Gra	al: - at		2	A	Ja., ma. 10/a	wheel Dan
Tour Job Title		imployed (in	idicate n		x years)	Average F Week	louis vvc	ikeu Pei
	From:			To:				
Duties:								
Monthly Salary Reason for Leaving or Reason for 0	Consideri	ng Leaving if	f Still Em	nployed				
Attach sheet if you have additional employment history.					☐ ADDITIONA	AL SHEET	ATTAC	HED
Skills and Talents: List any special skills or talents which you	could utiliz	ze in the pos	sition for	which y	ou are applying:			
II								

**References:** Identify three individuals who know you well enough to validate your personal attributes such as integrity and passion and to attest to your academic or professional strengths. *Additional references may be submitted on an attached sheet.* 

Name:	Address:	
		_
Phone: (H) (W)	(C)	Email:
riole. (n) (w)	(C)	Elliali.
How does this person know you? (coworker, friend, pastor, etc.)		
Name:	Address:	
Phone: (H) (W)	(C)	Email:
How does this person know you? (coworker, friend, pastor, etc.)		
Name:	Address:	
		_
Phone: (H) (W)	(C)	Email:
	(6)	
How does this person know you? (coworker, friend, pastor, etc.)		
I hereby certify that the facts set forth in the above employme	ent application are true and	d complete to the best of my knowledge and
authorize Scott County to verify their accuracy and to obtain i		
history background check. I hereby release Scott County from		er kind and nature which, at any time, could
result from obtaining and basing an employment decision on suc	ch information.	
I understand that falsified statements of any kind or omissions	s of facts called for on this	s application may result in disqualification for
consideration for employment or, if already employed, grounds to	or immediate dismissal.	
Lunderstand that should an employment effer he extended to m	a and accepted I will fully s	adhere to the policies, rules and regulations of
I understand that should an employment offer be extended to m employment of Scott County. However, I further understand that		
during the interview process shall be deemed to constitute		
employment offered is for an indefinite duration and at will and		
with or without notice or cause.	that children or occit court	ty may terminate my employment at any time
Applicant's Signature (a typed name is considered signing)	Date	

- All information provided is subject to the Virginia Freedom of Information Act (FOIA), located at § 2.2-3700 et seq. of the Code of Virginia.
- Scott County is an **EOE** (equal opportunity employer) and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.
- Applications submitted in response to an advertised position vacancy will be retained three (3) years.
- Applications which are submitted when no position has been announced will be retained for six (6) months.
- Fill in all requested information. If an application is submitted with a line or section with incomplete information or filled out incorrectly may be discarded. In all sections that do not apply to you write NA (Not applicable).

Name:								
Additional Employment History:								

Name:							
Additional Education and Training:							
SC	er / advanced learning or HOOL NAME AND LOC (college, business, vocational, or o	ATION	Field, Trade, Major	Did you graduate?		egree, Certificate nd year received.	
Licens	se or Certification List a	all current and	expired certifications wh	nich would pertain to the	position you a	re applying for.	
	License/Certification	State	Profession	n License/Cer	tification #	Expiration Date	
			1				

Name:		
Additional Defense		
Additional References:		