

County of Dinwiddie

PO Drawer 70

Dinwiddie, VA 23841

(804) 469-4500



Application

For

Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For

Date of Application

How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Have you ever filed an application with us before?

Yes

No

If Yes, give date _____

Have you ever been employed with us before?

Yes

No

If Yes, give date _____

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

What is your desired salary (approximate)?

On what date would you be available for work?

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Y

N

Can you travel if a job requires it?

Yes

No

Have you been convicted of a felony within the last 7 years?

Yes

No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, nation origin, disabilities or other protected status. *(If you need additional space, please continue on a separate sheet of paper.)*

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		From	To	
Job Title	Supervisor			
Reason for Leaving				

Education

	Name and Address of School	Course of Study	Date Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Eligibility

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status Yes No
Proof of citizenship or immigration status will be required upon employment

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

References

1. _____

Name Phone #

Address

2. _____

Name Phone #

Address

3. _____

Name Phone #

Address

For Office Use Only