



**EMPLOYMENT APPLICATION
SPOTSYLVANIA COUNTY**

Department of Human Resources
9104 Courthouse Road

Mailing Address: PO Box 605, Spotsylvania, VA 22553

Telephone: (540) 507-7290 FAX: (540) 507-7296

TTY: (540) 582-7178 Job Information Line: (540) 507-7290

Website: www.spotsylvania.va.us

Spotsylvania County does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.

INSTRUCTIONS: Please type or print legibly using ink. Read the job announcement before filling out this application. We accept applications only for positions which we are currently recruiting. Applications must be submitted to the Department of Human Resources by close of business the day recruitment for the position ends, where applicable. Applications must be complete and signed. The Department of Human Resources will not research previous applications or human resource records to obtain information. You may attach a resume to a completed County application; however a resume is not a substitute for this application. You may request any needed accommodation to participate in the application process. Employment decisions shall be made in accordance with all applicable laws.

Position Applying For: _____	Date: _____
Full Legal Name: _____	
Street, City, State, Zip: _____	
Telephone: _____ (H) _____	(W) _____

EDUCATION AND TRAINING
High School Name and Location: _____
Diploma: _____ Yes _____ No
College Name and Location: _____
Diploma: _____ Yes _____ No Type: _____
Describe any specialized training, apprenticeship, skills, extra-circular activities and graduate studies: _____

EXPERIENCE
<i>List below your 4 previous employers beginning with the <u>most recent</u>:</i>
From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending pay: _____
Your Title: _____ Immediate supervisor: _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____
From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending pay: _____
Your Title: _____ Immediate supervisor: _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____
From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending pay: _____
Your Title: _____ Immediate supervisor: _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____
From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending pay: _____
Your Title: _____ Immediate supervisor: _____ Phone: _____
Describe your duties: _____
Reason for leaving: _____

Name: _____

Date: _____

REFERENCES

List persons, other than relatives or former supervisors, who know your qualifications and/or your character:

Name: _____ Relationship: _____

Address: _____ Telephone: (H) _____ (W) _____

Name: _____ Relationship: _____

Address: _____ Telephone: (H) _____ (W) _____

Name: _____ Relationship: _____

Address: _____ Telephone: (H) _____ (W) _____

GENERAL INFORMATION

Have you ever worked for Spotsylvania County? _____ Yes _____ No

If so, when and in what capacity? _____

Can you perform the essential duties of the position with or without an accommodation?
_____ Yes _____ No If no, please explain: _____

Are you eligible for employment in the US under the Immigration Reform and Control Act
_____ Yes _____ No

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

Do you have a valid Driver's License? _____ Yes _____ No

Do you have a valid Commercial Driver's License? _____ Yes _____ No

If so, what state? _____

List and attach photocopies of all your certifications required for the position:

If you are experienced operator of any business machines, computers, tools or heavy equipment, tell us:

Can you meet the attendance requirement of this job? _____ Yes _____ No

Indicate if you can work shift work: Regular shifts? _____ Yes _____ No
Irregular shifts? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted of Driving While Intoxicated or Driving Under the
Influence? _____ Yes _____ No

A conviction does not automatically mean that you cannot be employed. The nature and date of the offense will be considered. Please supply your Social Security number, the court, date, offense and sentence for each conviction.

May we ask your present employer about you? _____ Yes _____ No

I hereby certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me or for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I authorize you to contact my former employers, schools and references. I release all employers, firms, schools and individuals of any and all liability for release of this information. My signature authorizes drug screening, investigative reports, criminal record checks and post-offer physical examination if required by the position. I understand that this employment application is not an employment contract and, if employed, my employment with the County is at will and may be terminated at any time and for any or no stated reason.

Signed: _____

Date: _____