



COUNTY OF CAMPBELL
Application for Employment

Office of County Administrator
P. O. Box 100
Rustburg, VA 24588

Employees of the County of Campbell and applications for employment shall be offered equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex, or age.

1. Position applied for _____ 2. Department _____
(One per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone _____
Last First Middle

5. Address _____ 7. Business Phone _____
Number and Street
City State Zip

8. EDUCATION

- a. Highest grade completed _____ Year Completed _____
- b. If you did not complete high school, do you have a high school equivalency diploma Yes No Date Received _____
- c. Number of years of post high school education _____

Name and Location Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** – Use *Supplementary Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your present supervisor? Yes No

a. Job Title _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hrs/week _____

b. Job Title _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hrs/week _____

c. Job Title _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hrs/week _____

d. Job Title _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hrs/week _____

Duties _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

e. Use this space for any additional information you think would help us evaluate your application; include training, seminars, workshops, special achievements, or specialized skills _____

f. Automated word processing (specify equipment) _____

Typing speed _____ words per minute Shorthand speed _____ words per minute

g. License (to include driver's), certificate, or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (licensing board)

10. REFERENCES

List names, addresses, and relationships of three persons, not related to you, who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____

b. Check which job status you would accept: Full-time Part-time (specify) _____

c. Check which employment status you would accept: Salaried (benefits) Hourly (no benefits)

d. Are you willing to accept employment which requires you to travel? No Yes, If yes, During the day only, Occasionally overnight, Frequent overnight.

e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____

f. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation, if necessary, for your employment? Yes No

h. For purpose of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): World War I-4/16/17-4/1/20; World War II-12/7/41-12/31/46; Korean Conflict-6/27/50-1/31/55; Vietnam Conflict- 8/5/64-3/7/75; None of the dates shown, but I did serve in the military.

i. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? Yes No, If yes, list all and explain _____

12. When will you be available to start work? (No date is necessary if you are available as soon as you give a two (2) week notice.)
 _____(MM/DD/YYYY)

13. **CERTIFICATION** – Each Application Requires Current Date and Original Signature

I hereby certify that all entries are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service in the County of Campbell. I understand that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application.

Date: _____

Applicant Signature: _____