

# APPLICATION FOR EMPLOYMENT

*Richmond County*

P. O. Box 1000  
Warsaw, Virginia 22572  
(804)333-3415

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.

***(PLEASE PRINT)***

Position(s) Applied For:	Date of Application:
How did you Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Mailing Address		City, State, Zip Code
Telephone Number(s)		Social Security Number

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

Have you ever filed an application with us before?  YES  NO

Have you ever been employed with us before?  YES  NO

Are you currently employed?  YES  NO

May we contact your present employer?  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.*

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?  YES  NO

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: \_\_\_\_\_

***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

# Education

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

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

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Describe any job-related training received in the United States military.

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## Additional Information

### Other Qualifications

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

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> Copier	<input type="checkbox"/> Fax	<b>Production/Mobile Machinery (list):</b> _____	<b>Other (list):</b> _____
<input type="checkbox"/> PC	<input type="checkbox"/> Database		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Presentation Software			

# 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, national origin, disabilities or other protected status.**

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

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Address				
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Job Title	Supervisor			
Reason for Leaving				

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State any additional information you feel may be helpful to us in considering your application.**

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable to performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

## References

1.	_____ ( ) _____	
	(Name)	Phone #
	_____	
	(Address)	
2.	_____ ( ) _____	
	(Name)	Phone #
	_____	
	(Address)	
3.	_____ ( ) _____	
	(Name)	Phone #
	_____	
	(Address)	

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:  YES  NO

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

## NOTES:

# Applicant's Statement

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

I authorize Richmond County to make such investigations and inquiries of my personal references, previous employers, medical history, criminal investigation and any other legally related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or other persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on my application, other employment forms, or the interview(s), may result in discharge.

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 understand, also, that I am required to abide by all rules and regulations of the employer.

If employed, I understand that I may terminate my employment at any time without notice or cause. However, if I terminate my employment at any time without notice, I understand that I may be subject to lose any and all accumulated annual leave I may have.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  YES  NO

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  YES  NO Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

### NOTES:

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