



# COUNTY OF BRUNSWICK

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

Send this application

Number of attachments \_\_\_\_\_

## Application for Employment

directly to the agency

Position number \_\_\_\_\_

announcing the vacancy.

Employees of the County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling toll free **1-800-848-3199**

1. Position applied for \_\_\_\_\_  
(one per application)

2. Agency \_\_\_\_\_

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 \_\_\_\_\_  
Last First Middle

6. Home Phone \_\_\_\_\_

5. Address \_\_\_\_\_

7. Business Phone \_\_\_\_\_

City State Zip

### 8. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year completed \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma? \_\_\_Yes \_\_\_No

Date Received \_\_\_\_\_

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs.	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

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 Experience 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** \_\_\_\_\_

**Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_Part-time\_\_\_ Hours/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_

**Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_Part-time\_\_\_ Hours/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievement or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute.

f. 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'd accept: \_\_\_ Salaried (benefits \_\_\_ Hourly (No benefits) \_\_\_ Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? \_\_\_ No \_\_\_ Yes. If yes, \_\_\_ During the day only, \_\_\_ Occasionally overnight, \_\_\_ Frequently overnight
- e. For purposes of compliance with The Immigration Reform and Control Acts, 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.
- f. Are you willing to provide your own transportation if necessary for your employment? \_\_\_ Yes \_\_\_ No.
- g. For purposes 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--6/25/50-1/31/55; \_\_\_ Vietnam Conflict--8/5/64-3/7/75; \_\_\_ None of the dates shown, but I did serve in the military.
- h. 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 your are available as soon as you give two (2) weeks notice.)  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year.

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

I hereby certify that all entries on both sides and attachments 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 of the County of Brunswick. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_