

Application for Employment Northumberland County

72 Monument Place
P.O. Box 129 Heathsville, Virginia 22473
(804) – 580 -7666

Position Applying For: _____

Date of Application: _____

Name: _____
LAST FIRST MIDDLE

An Equal Opportunity Employer



PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING YOUR APPLICATION:

Applications are only accepted for jobs which are currently open. Be sure to list the title of the job for which you are applying.

Complete the entire application. Incomplete applications will not be considered.

**Mail or bring your application to the County Administrator's Office:
P.O. Box 129, Heathsville, Virginia 22473**

c) School and Location: _____

 From: _____ To: _____
 Date Graduated: _____ Degree: _____
 Major Area of Study: _____

Other Education: N/A

d) School and Location: _____

 From: _____ To: _____
 Date Graduated: _____ Degree: _____
 Major Area of Study: _____

e) School and Location: _____

 From: _____ To: _____
 Date Graduated: _____ Degree: _____
 Major Area of Study: _____

f) School and Location: _____

 From: _____ To: _____
 Date Graduated: _____ Degree: _____
 Major Area of Study: _____

Special Qualifications and Skills: (Typing, Shorthand, Foreign Language, Professional Licenses and Certificates, Publications, Scholastic Honors, etc.)

Applicant Experience:

Start with your present job and work back, include military and volunteer experience, if any. Additional experience should be listed by attaching separate sheets of paper or a personal resume. Be sure to include all requested information.

Present Employer: _____

Address: _____

Phone Number: (_____) _____ Fax: (_____) _____

Job Title: _____ Starting Salary: _____

Present Salary: _____

Dates of Employment:

From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Reason for Leaving: _____

Work Performed: _____

Employer: _____

Address: _____

Phone Number: (_____) _____ Fax: (_____) _____

Job Title: _____ Starting Salary: _____

Present Salary: _____

Dates of Employment:

From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Reason for Leaving: _____

Work Performed: _____

Employer: _____

Address: _____

Phone Number: (_____) _____ Fax: (_____) _____

Job Title: _____ Starting Salary: _____

Present Salary: _____

Dates of Employment:

From: _____ to _____ Hours per week: _____

Supervisor's Name: _____

Reason for Leaving: _____

Work Performed: _____

Have you ever been dismissed or forced to resign from a position? Yes No

Have you ever been convicted of any offense against the law? Omit juvenile offenses and minor traffic violations. Include convictions by general court martial while in the military service.

Yes No

If "yes," give date, place, charge, court, and fine or sentence. _____

A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.

How did you learn about the job for which you are applying? _____

May we conduct a background check of your qualifications, character, and record of employment? Yes No

If "no," please explain: _____

How soon would you be available to start work? _____

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

INITIALS REQUIRED:

_____ I understand that I may be required to provide a copy of my driving record at my own expense (this is necessary for positions that drive a County vehicle).

_____ If selected for this position, I understand that I will be required to perform a background check (costs covered by County).

THE BELOW STATEMENT MUST BE SIGNED.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application, permanent ineligibility for appointments or dismissal.

Signature of Applicant

Date

For Administrative Use Only:

Received by: _____
 By Email Mail In Person

Date received: _____