

**APPLICATION FOR
EMPLOYMENT**

COMMISSIONER OF THE REVENUE

BUCKINGHAM COUNTY
P. O. BOX 138
BUCKINGHAM, VIRGINIA 23921
PH: 434-969-4972
FAX: 434-969-2753

Position(s) applied for: _____

Referral Source: _____

Name: _____

Address: _____

SSN: _____ Telephone: _____

Best time to call you at home: _____ May we contact you at work? _____

Have you submitted an application here before? _____ If yes, date & position applied for: _____

Have you ever been employed here before? _____ If yes, give dates & position: _____

Are you legally eligible for employment in this country? Yes _____ No _____

Date available for work: _____ Desired salary range: _____

Type of employment desired: _____ Full-Time _____ Part-time _____ Temporary Educational Co-Op

Will you travel if the job requires it (for training, etc)? Yes _____ No _____

Are you able to meet the attendance requirements of the position? Yes _____ No _____

Will you work overtime if required? Yes _____ No _____

If no, please explain: _____

Have you ever been bonded? Yes _____ No _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes _____ No _____

If yes, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number, if driving is an essential job function: _____ State _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

SCHOOL	NUMBER OF YEARS ATTENDED	DIPLOMA/ DEGREE

EMPLOYMENT HISTORY

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Employer: _____ Telephone: (____) _____

Address: _____

Starting job title/Final job title: _____

Supervisor and Title: _____ May we contact for reference? _____ Yes _____ No

Reason for leaving: _____

Employment dates: From _____ To _____ Salary: Start _____ Per _____ End _____ Per _____

Comments including explanation of any gaps in employment: _____

REFERENCES

List names and telephones number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any additional information you would like us to consider (ex. special skills, accomplishments, awards, etc):

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer to contact and obtain information from all references, employers, public agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or job

interview. I hereby waive any and all rights and claims I have regarding the employer for gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If hired, I understand that I will be on working probation for a period of six months. During that time, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that if hired, I will be required to provide proof of identity, legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if hired, I may be required to submit to a Criminal History check.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE "APPLICANT STATEMENT".

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____