

Application for Employment



Buckingham County Treasurer
PO BOX 106
Buckingham, VA 23921
434-969-4744

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Applicant ID # _____

Last First Middle

Address _____
Street City State ZIP Code

Telephone # () Cellular/Other Phone # () E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and list the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-In _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you is _____ : _____ AM
 Home Cellular/Other

May we contact you at work? _____ Yes No
If **yes**, work number and best time to call:
() : _____ AM

If you are under 18 and it is required,
can you furnish a work permit? _____ Yes No
If **no**, please explain: _____

Have you submitted an application here before? _____ Yes No
If **yes**, give date(s) and position(s): _____

Have you ever been employed here before? _____ Yes No
If **yes**, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
following an extended military leave of absence
from this company? _____ Yes No

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

Date available for work ____/____/____
What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

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

Will you relocate if job requires it? _____ Yes No

Will you travel if job requires it? _____ Yes No

If they have been explained to you, are you able to meet the
attendance requirements of the position? _____ N/A Yes No

Will you work overtime if required? _____ Yes No

If **no**, please explain: _____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the
job's "essential functions" to respond

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? _____ Yes No

Answering "yes" to the following question 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.

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

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

Have you entered into an agreement with any former employer or other
party (such as a noncompetition agreement) that might, in any way,
restrict your ability to work for our company? _____ Yes No

If **yes**, please explain: _____ **Criminal background and drug tests will be done if your application is chosen for interview. For drivers of County vehicles, DMV records will be checked also.**

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> Presentation _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |
| <input type="checkbox"/> E-mail _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers 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	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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 (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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 ____/____/____



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Application for Employment (Long Form) #R8-A1821



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CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To: Virginia State Police
 Central Criminal Records Exchange
 P.O. Box 85076
 Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

- | | |
|---|---|
| <input type="checkbox"/> CHILD DAY CARE | <input type="checkbox"/> COUNTY/CITY PUBLIC SCHOOLS |
| <input type="checkbox"/> DOMESTIC ADOPTION | <input type="checkbox"/> INTERNATIONAL ADOPTION |
| <input type="checkbox"/> ADULT DAY CARE OR ADULT CARE RESIDENCE | <input type="checkbox"/> FOSTER CARE |
| <input type="checkbox"/> NURSING HOME OR HOME HEALTH | <input type="checkbox"/> EMPLOYMENT |
| | <input type="checkbox"/> OTHER (Please Specify) _____ |

NAME TO BE SEARCHED:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

RACE SEX DATE OF BIRTH SOCIAL SECURITY NUMBER
 / / (MM/DD/YYYY)

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: / / (MM/DD/YYYY)

Signature of Person Making Request: Printed Name:

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:



NAME	
ATTENTION	
ADDRESS	
CITY	STATE ZIP CODE

FEES FOR SERVICE:

- FEES: \$15.00 CRIMINAL HISTORY SEARCH \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
- * FEES For Volunteers with Non-Profit Organizations: \$ 8.00 CRIMINAL HISTORY SEARCH \$ 16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

CHARGE CARD: MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: - - - Virginia State Police Charge Account Number: _____

Expiration Date: /

Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- | | |
|---|--|
| <input type="checkbox"/> No Conviction Data -- Does Not Preclude the Existence of an Arrest Record | Purpose code: <input type="checkbox"/> C
<input type="checkbox"/> N
<input type="checkbox"/> O |
| <input type="checkbox"/> No Criminal Record -- Name Search Only <input type="checkbox"/> No Criminal Record -- Fingerprint Search | |
| <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached | |

Date _____ By CCRE/ _____

Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form
(Please read the following General Instructions)

PURPOSE OF THIS REQUEST:	Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, <u>Code of Virginia</u> , governing the program for which the search is requested.
NAME TO BE SEARCHED:	Type the full name (last, first middle [no initials] and maiden name if applicable), sex, race, date of birth, and completed address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. Note: Signature of person making request is required. Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.
NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:	Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.
FEES FOR SERVICE:	Indicate the fee for the service requested.
METHOD OF PAYMENT:	Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa. For charge account: record charge account number issued by State Police.

Mailing Instructions:

Mail to: VIRGINIA DEPARTMENT OF STATE POLICE
CENTRAL CRIMINAL RECORDS EXCHANGE
P.O. BOX 85076
RICHMOND, VIRGINIA 23261-5076

**Convictions Reportable to the Sex Offender & Crimes Against Minors registry are
Violations or Attempted Violations or Conspiracy to Violate or a Person that is "Not Guilty
of Insanity" on or after July 1, 2007 of the Following Offenses Defined in §9.1-902, Code of Virginia:**

1. "Sexually Violent Offense" means a Violation or Attempted Violation of:	
Charge	Section
Abduction for Immoral Purpose	18.2-48(ii)
Rape	18.2-61
Forcible Sodomy	18.2-67.1
Object Sexual Penetration	18.2-67.2
Aggravated Sexual Battery	18.2-67.3
Sexual Battery where the perpetrator is 18 years of age or older and the victim is under the age of 6	18.2-67.4
Attempted Rape, Forcible Sodomy, Object Sexual Penetration, Aggravated Sexual Battery	18.2-67.5(A)(B)
Taking Indecent Liberties with Minor	18.2-370
Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship	18.2-370.1
Production, Distribution, Financing, etc of Child Pornography	18.2-374.1
OR	
Any Person Convicted under Chapter 117 (18 U. S. Code § 2421 et seq.)	
Any Person Convicted for Sex Trafficking (18 U. S. Code. § 1591)	
OR	
A Second or subsequent conviction, where the individual was at liberty between such convictions, of the following:	
Carnal Knowledge of Minor (Victim Ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 or Older) of Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed 2005)	18.2-67.2.1
Enter Dwelling House with Intent to Rape	18.2-90
OR	
A SECOND or subsequent conviction, where the individual was at liberty between such convictions, and where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:	
Abduction	18.2-47(A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48 (i)(iii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C)
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry: Incest	18.2-366
Possess Child Pornography (2 or more convictions)	18.2-374.1:1 (C)
OR	
If the offense was committed on or after July 1, 2006, and if the person has been convicted or adjudicated delinquent of any two or more such offenses, provided that person had been at liberty between such convictions or adjudications	
Enter Dwelling House etc. with intent to Commit Felony	18.2-91
2. "Sexual Offenses" means:	
Charge	Section
Murder (Victim is under 15) or (Victim is 15-17) is related to an offense under § 9.1-902	18.2-31, 18.2-32
Carnal Knowledge of Minor (Victim ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 and older) Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed in 2005)	18.2-67.2.1
Sexual Battery (3 or more convictions)	18.2-67.4
Sexual Abuse Against Child under 15 (3 or more convictions)	18.2-67.4.2
Attempted Sexual Battery (3 or more convictions)	18.2-67.5 (C)
Enter Dwelling House etc. with Intent to Rape	18.2-90
Possession of Child Pornography (2 Counts)	18.2-374.1:1(B)(C)
Unlawful Filming, Videotaping or Photographing of Another (3 or more convictions)	18.2-386.1
Use of Communication System to Solicit a Minor under age 15 or who the defendant believes is less than 15 years, with lascivious intent, to commit specified acts.	18.2-374.3 (C)
Third Misdemeanor Sexual Offense as set forth in	18.2-67.5:1
OR	
If the offense is committed on or after July 1, 2006	
Enter Dwelling House etc. with intent to Commit Felony Under § 9.1-902	18.2-91
Possession of Child Pornography	18.2-374.1:1(A)
OR	
Where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:	
Abduction	18.2-47 (A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48 (i)(iii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C)
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry: Incest	18.2-366
OR	
Any Criminal Homicide in conjunction with a violation of clause (i) of §18.2-371 (Contributing to the delinquency) or §18.2-371.1 (abuse and neglect of children) when the offenses arise out of the same incident.	
OR	
"Offense for which registration is required" includes (i) any similar offense under the laws of any foreign country or any political Subdivision thereof, the United States or any political subdivision thereof.	
OR	
Any offense for which registration in a Sex Offender and Crimes Against Minor Registry is required under the laws of the jurisdiction where the offender was convicted.	

Authorization for Release of Information

To: Any Doctor, Hospital, Medical Association, U.S. Armed Forces, Maritime Services, Veterans, Administration, or,

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (College, Business, Trade or High School) or,

Any Past or present employer, Credit Bureau, or Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Agency, or any other State or Federal Agency.

I, _____, Address, _____, have applied for employment with the County of Buckingham. I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the County of Buckingham or its agent upon presentation of this release or copy thereof.

Dates Attended School, if any _____
Selective Service Number, if any _____
Armed Forces Service or Serial Number, If any _____
Veterans Administration Claim Number, if any _____

Given under my hand this _____ day of _____, 20_____.

This day _____ personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires on the _____ day of _____, _____.

Notary Public : _____