

APPLICATION FOR EMPLOYMENT

Scott County Public Service Authority
156 Legion Street
Weber City, VA 24290

Scott County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. Applications submitted in response to an advertised position vacancy will be retained three (3) years. Applications which are submitted when no position has been announced will be retained for six (6) months.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time _____ Part Time _____

Date Available _____ Salary Desired _____ Home Phone Number _____

Business Phone Number _____ E-mail address: _____

*Social Security Number _____ Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (*circle one*) 1 2 3 4 **Diploma:** ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (*circle one*) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____ State of Virginia License Number _____

License Expiration Date _____ Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

*Completion of SSN is optional. Failure to submit Social Security number on this form will not prohibit employment consideration. However, SSN may be required on other forms prior to employment.

SKILLS:

Office: Data Entry _____ Excel or other spreadsheet _____ Database _____ Typing speed _____ wpm.
Word Processing _____ WordPerfect _____ MSWord Other _____
Other Software Skills _____

Have you ever been employed in any agency, department, board or commission of Scott County? _____ Yes _____ No

If so, please state name and location and dates of employment _____

RECORD OF CONVICTION:

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? _____ Yes _____ No
If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Va. Code Section 2.2-2804 prohibits employment by any political subdivision of the Commonwealth of Virginia of a person who was required to present himself and submit to federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? __ Yes __ No If no, state reason: _____

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? _____ Yes _____ No
If any employment was under a different name, indicate name _____

Employer _____ **Address** _____
Telephone _____ **Position** _____
Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)
Salary _____ **Supervisor** _____ **Department** _____
Duties _____ **FT** ___ **PT** ___ **No. of Hrs.** _____
Reason for Leaving _____

Employer _____ **Address** _____
Telephone _____ **Position** _____
Dates of Employment: From _____ (Mo/Yr) To _____ (Mo/Yr)
Salary _____ **Supervisor** _____ **Department** _____
Duties _____ **FT** ___ **PT** ___ **No. of Hrs.** _____
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 Salary _____ Supervisor _____ Department _____
 Duties _____ FT ___ PT ___ No. of Hrs. _____
 Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? _____ Yes _____ No

If yes, explain: _____

When will you be available work? _____ month _____ day _____ year. (No date is necessary if you are available as soon as you give two (2) weeks notice).

REFERENCES:

Professional	Personal
Name _____	Name _____
Address _____	Address _____
Phone () _____	Phone () _____
Name _____	Name _____
Address _____	Address _____
Phone () _____	Phone () _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Scott County to verify their accuracy and to obtain reference information on my work performance. I consent to a criminal history background check. I hereby release Scott County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of Scott County. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Scott County may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

We comply with government regulations and affirmative action responsibilities. These include taking affirmative action to employ and promote qualified women, minorities, individuals with disabilities, special disabled veterans, and veterans of the Vietnam era, recently separated veterans, and other eligible veterans. Information with respect to these categories need not be provided and any information provided will be used for affirmative action purposes and in accordance with the Rehabilitation Act of 1973 and other Federal law.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. This information will NOT be considered in the application process.

(Please Print)

Position(s) Sought _____ Date: _____

Name _____ Phone () _____
Last First Middle

Affirmative Action Survey

Please check the appropriate boxes below:

- | | |
|--|--|
| <input type="radio"/> Male | <input type="radio"/> Female |
| <input type="radio"/> White | <input type="radio"/> Asian/Pacific Islander |
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> Hispanic |
| <input type="radio"/> Black | <input type="radio"/> Other _____ |

If you so wish to be identified, please check if any of the following are applicable:

- | | |
|---|---|
| <input type="radio"/> Vietnam-Era Veteran | <input type="radio"/> Recently Separated Veteran* |
| <input type="radio"/> Special Disabled Veteran [#] | <input type="radio"/> Other Eligible Veteran ⁺ |
| <input type="radio"/> Individual with a Disability | |

Please indicate your date of birth: _____

* Recently Separated Veteran means any veteran discharged or released from active duty within one year.

⁺ Other Eligible Veteran means any veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, listed at: <http://www.opm.gov/veterans/html/vgmedal2.htm>.

[#] Special Disabled Veteran means any veteran entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more (or 10-20 percent if deemed to have a serious employment handicap), or discharged from duty on account of a service-connected disability.