

BOTETOURT COUNTY

Employment Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available					Desired Salary					
Position Applied for										
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for Botetourt County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of traffic or other law violation(s)? (excluding convictions which were adjudicated in Juvenile Court)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you 21 years of age or older? (Certain positions have an age requirement)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you above the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
How did you learn about the job?										
If from a County employee, whom?										
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Program of Study			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Program of Study			
REFERENCES										
<i>Please list three professional references. Do not include relatives.</i>										
Full Name					Relationship					
Company					Phone					
Email										
Full Name					Relationship					
Company					Phone					
Email										
Full Name					Relationship					
Company					Phone					
Email										

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities (please be brief)			

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities (please be brief)			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities (please be brief)			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

PROFESSIONAL CERTIFICATIONS

Please list any applicable, current certifications:

DISCLAIMER AND SIGNATURE

By signing this application, I certify that the above statements are true to the best of my knowledge, and any false information or misstatement may be used as grounds for my immediate discharge should I be employed. Also, by signing this application, I agree to pre-employment drug and fitness screenings, as requested, and to a background check of my records by the appropriate local or State law enforcement agencies.

Signature:	Date:
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