

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"/>				

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

Please list three professional references. Do not include relatives.

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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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
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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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
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Address	Supervisor
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Job Title	Starting Salary	\$	Ending Salary	\$
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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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Branch	From	To
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Rank at Discharge	Type of Discharge
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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 a background check of my records by the appropriate local or State law enforcement agencies.

Signature:	Date:
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