



APPLICATION FOR EMPLOYMENT

SMYTH COUNTY BOARD OF SUPERVISORS
 121 BAGLEY CIRCLE, SUITE 100
 MARION, VA 24354
 PHONE: 276-783-3298 FAX 276-783-9314

It is the policy of Smyth County to provide equal opportunity without regard to race, color, religion, sex, age, national origin, marital status, disability, citizenship or veteran's status.

Position Applied For: _____ Date of Application: _____

Full Legal Name: _____

Mailing Address: _____ Are you over the age of 18? Yes No
 _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

How long at this address? _____ Email Address: _____

Is Position applied for Full Time: Part Time: Temporary: Rate of Pay expected: \$ _____

Have you ever been employed by Smyth County? Yes No

If yes, when and what position held? _____

List any relatives by blood or marriage employed by Smyth County: _____

If offered employment, what date are you available to start work: _____

Are you legally eligible for employment in the United States? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Have you ever been convicted of a criminal, traffic, or civil offense including felonies? Yes No

Such conviction may be relevant if job-related, but does not bar you from employment.

If yes, please explain: _____

If required by job, do you have a valid Virginia Driver's License? Yes No

Have you been issued a driver's license in another state? Yes No

If applying for Heavy Equipment Operator or a driving position, do you have a CDL? Yes No

List any endorsements: _____

Please list below any license (other than driver's license), certificate, or other authorization to practice, trade or profession:			
TYPE OF LICENSE/CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

EMPLOYMENT HISTORY

Starting with your most recent position, please give a complete record of your employment history including part-time work, military service and volunteer experience. Describe your duties and responsibilities in each position thoroughly. You may attach additional information if you desire, however you cannot substitute a resume for the application.

Dates of Employment: From: To:	Name of Employer:	Number of Persons Supervised:
Job Title:	Address of Employer:	Full-time <input type="radio"/> Part-time <input type="radio"/>
Name of Immediate Supervisor:	Phone:	Salary Starting: Ending:
May we contact this employer: <input type="radio"/> Yes <input type="radio"/> No	If no, why not?	
Reason for Leaving:		
Description of Duties:		

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Reason for Leaving:		
Description of Duties:		

Please list below any other experiences, special training, skills, or qualifications which you feels qualifies you for the position:

Why are you interested in this position?

RECORD OF EDUCATION

	Name of School	Check Last Year Completed	Did you Graduate?	Type of Degree or Certification
High School		9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	
College		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	
Graduate		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	
Other		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name	Phone Number	Years Known

CERTIFICATION

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and /or separation from the employer's service if I have been employed. In consideration of employment I agree to abide by the policies, rules, and regulations of the County. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

In submitting this application for employment, I authorize Smyth County to thoroughly investigate all references and verify all data given on the application, on related papers, attachments and in interviews in order to secure additional information. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, companies, or organizations for furnishing such information.

Applicants for employment with Smyth County may be required to undergo a criminal background check and a drug/alcohol screening. Employment or continued employment will be contingent upon a successful criminal background check and drug/alcohol screening. If the position you are applying for requires operation of a motor vehicle, a copy of your driving record will also be required. A driving record may be obtained from the Division of Motor Vehicles and it is the responsibility of the employee to request and submit this information. I hereby authorize Smyth County to inspect and copy any documents, records, and information related to my criminal, traffic, or credit record. I understand that to be employed I must be lawfully authorized to work in the United States, and I must present documents to the employer if I am offered the position for which I am applying. I understand that this application is the property of Smyth County and will become part of my personnel file if I am accepted for employment.

I have read and understand all of the above.

Applicant Signature

Date