Office use only	
Date submitted	
Received by	

APPLICATION FOR EMPLOYMENT

Scott County, Virginia

- **Follow instructions carefully**
- **Provide detail – do not use "see resume"**
- **If accommodation or assistance is needed in completing this application, contact the county offices.**
- **Print or type**
- **Check for errors & signature before submitting**

POSITION APPLYING FOR:

General Information

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address

Mailing Address	City	State	Zip Code

Have you ever been employed in any agency, department, board or commission of Scott County?
No Yes If so, please state dates of employment: From (M/Y) to (M/Y),
and the agency, department, board or commission to which you were employed:

Are eligible to work in the United States? Yes *(Eligibility will be verified prior to employment.)*

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please explain:
(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening?

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 were required to register for Selective Service, have you done so? Yes No NA

Education and/or Training

Did you graduate high school or earn a GED? Yes – year earned No- Highest grade completed

Higher / advanced learning or training. SCHOOL NAME AND LOCATION (college, business, vocational, or other)	Field, Trade, Major	Did you graduate?	Diploma, Degree, Certificate earned & and year received.

License or Certification

List all current and expired certifications which would pertain to the position you are applying for.

License/Certification	State	Profession	License/Certification #	Expiration Date

I have attached sheet(s) listing additional education, training, license or certifications.

Check box if applicable.

Employment History:

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Provide detail; do not use "see resume" or leave out information. Write **NA** in blocks that are not applicable.

May we contact your current employer for a reference? ☐ Yes ☐ No

1.

Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	

2.

Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	

3.

Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From: To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving or Reason for Considering Leaving if Still Employed	

Attach sheet if you have additional employment history. ☐ *ADDITIONAL SHEET ATTACHED*

Skills and Talents: List any special skills or talents which you could utilize in the position for which you are applying:

References: Identify three individuals who know you well enough to validate your personal attributes such as integrity and passion and to attest to your academic or professional strengths. *Additional references may be submitted on an attached sheet.*

Name:		Address:	
Phone: (H)	(W)	(C)	Email:
How does this person know you? *(coworker, friend, pastor, etc.)*			

Name:		Address:	
Phone: (H)	(W)	(C)	Email:
How does this person know you? *(coworker, friend, pastor, etc.)*			

Name:		Address:	
Phone: (H)	(W)	(C)	Email:
How does this person know you? *(coworker, friend, pastor, etc.)*			

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 or 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.

Applicant's Signature (a typed name is considered signing)

Date

- *All information provided is subject to the Virginia Freedom of Information Act (FOIA), located at § 2.2-3700 et seq. of the Code of Virginia.*
- *Scott County is an **EOE** (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.*
- *Fill in all requested information. If an application is submitted with a line or section with incomplete information or filled out incorrectly may be discarded. In all sections that do not apply to you write NA (Not applicable).*

Submit completed application to: Scott County Administrative Offices, 336 Water Street, Gate City, VA 24251

Name:

Additional Employment History:

Name:

Additional Education and Training:

Higher / advanced learning or training. SCHOOL NAME AND LOCATION (college, business, vocational, or other)	Field, Trade, Major	Did you graduate?	Diploma, Degree, Certificate earned & and year received.

License or Certification *List all current and expired certifications which would pertain to the position you are applying for.*

License/Certification	State	Profession	License/Certification #	Expiration Date

Name:

Additional References: