



**COUNTY OF PAGE
BOARD OF SUPERVISORS**
103 S. Court Street, Suite F
Luray, Virginia 22835
(540) 743- 4142
Fax: (540) 743 - 4533

Application for Employment

The County of Page is an Equal Opportunity Employer: We consider applicants for all positions without regard to race, color, religion, creed, gender, origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) applied for:	_____ Full time	Date:
	_____ Part Time	

Personal Information

Last Name		First Name		Middle Initial
Street Address		City	State	Zip Code
Telephone Number			Social Security Number	

Other Information

- For the purpose of compliance with the United States Immigration and Nationalization Act, and Section 40.1-11.1 of the Code of Virginia, are you legally eligible for employment in the United States? (*Proof of citizenship or immigration will be required upon employment.*) _____ Yes _____ No

- Were you previously employed by Page County Government? If so, please provide the following information: _____ Yes _____ No

Employment Dates:

Position Title:

Department:

➤ Do you have a valid driver's license? If yes please provide the following information: ___Yes ___No

Driver's License Number:
 Issuing State:
 Expiration Date:

➤ Have you ever been fired or resigned from a position after being notified you would be fired? If yes, please explain (*convictions will not necessarily disqualify an applicant from employment*) _____ ___Yes ___No

Are you currently employed? ___Yes ___No

➤ May we contact your employer? ___Yes ___No

➤ Are you currently on a "lay-off" status and subject to recall? ___Yes ___No

➤ Can you travel if the job requires it? ___Yes ___No

Education

	Name and Address of School	Years Completed	Diploma/Degree
High School			
U Undergraduate College College University			
Graduate P Professional			
Other (Specify)			

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment using the "Summarize" section.

Employer:	Address
Telephone Number	
Job Title	Supervisor's Name
Dates Employed From: _____ To: _____	May we contact for reference? _____ Yes _____ No _____ Later
Reason for leaving	Hourly Rate/Salary Stating: \$ _____ Final: \$ _____
Summarize the type of work performed and job responsibilities:	
Employer	Address
Job Title	
Dates Employed From: _____ To: _____	May we contact for reference? _____ Yes _____ No _____ Later
Telephone Number	Supervisor's Name
Reason for leaving	Hourly Rate/Salary Stating: \$ _____ Final: \$ _____
Summarize the type of work performed and job responsibilities:	
Employer	Address
Job Title	
Dates Employed From: _____ To: _____	May we contact for reference? _____ Yes _____ No _____ Later
Telephone Number	Supervisor's Name
Reason for leaving	Hourly Rate/Salary Stating: \$ _____ Final: \$ _____
Summarize the type of work performed and job responsibilities:	

Additional Information

List special accomplishments, publications, awards, etc. (*Exclude memberships that would reveal race, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any other similarly protected status.*)

List any specialized training, apprenticeship, skills, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview: _____ Yes _____ No

Remarks: _____

Interviewer: _____ Date: _____

Employed: _____ Yes _____ No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Dept.: _____

By: _____ Date: _____

Name and Title

Affirmative Action Voluntary Information

To be completed by Applicant on voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name: _____ Telephone Number _____

Address: _____ Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

_____ White (not of Hispanic origin) _____ Black (not of Hispanic origin) _____ Hispanic

_____ American Indian/Alaskan Indian _____ Asian/Pacific Islander

Please indicate how you were referred to us (if applicable)

_____ Walk -In _____ Government Employment Agency _____ Private Employment Agency

_____ Employee _____ Relative _____ School

_____ Advertisement - Source _____ _____ Other _____

Name of person who referred you (if applicable) _____

Additional Information

List professional, trade, business or civic associations and any offices held. *(Exclude memberships that would reveal race, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard and any other similarly protected status.)*

Thank you for your interest in employment with the County of Page.