



APPLICATION FOR EMPLOYMENT
 WYTHE COUNTY BOARD OF SUPERVISORS
 340 SOUTH SIXTH STREET
 WYTHEVILLE, VA 24382
 Phone: (276) 223-4500 Fax: (276) 223-4515

Position Applied For: _____ Date of Application: _____

Full Legal Name: _____

Mailing Address: _____ Home Phone: _____

_____ Cell Phone: _____

City, State, Zip: _____ Business Phone: _____

(Only provide if we may contact you at work)

Have you ever worked under any other name? Yes No If yes, please state name: _____

Have you ever applied for employment with us? Yes No If yes, when? _____

Have you ever been employed by the County? Yes No If yes, when & what position? _____

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

For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," are you eligible for employment in the United States? Yes No

(You are legally eligible for employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor)

Have you ever been dismissed, forced to resign or have you ever resigned in order to avoid being dismissed? Yes No

If yes, please explain: _____

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

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)

Please list any other special training or skill such as typing speed, computer/software experience, etc:

EMPLOYMENT HISTORY

Please give a complete record of your employment history including part-time work, military service and volunteer experience. List all experience in order, starting with your present or most present position. 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:	Job Title:	Number of Persons Supervised:
(Month/Year) to (Month/Year)	Name of Employer:	Reason for Leaving:
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Address of Employer:	Salary (Starting/Ending):
If Part-time, Hours per Week:	Phone:	Name of Supervisor:
Description of Duties:		

Dates of Employment:	Job Title:	Number of Persons Supervised:
(Month/Year) to (Month/Year)	Name of Employer:	Reason for Leaving:
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Address of Employer:	Salary (Starting/Ending):
If Part-time, Hours per Week:	Phone:	Name of Supervisor:
Description of Duties:		

Dates of Employment:	Job Title:	Number of Persons Supervised:
(Month/Year) to (Month/Year)	Name of Employer:	Reason for Leaving:
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Address of Employer:	Salary (Starting/Ending):
If Part-time, Hours per Week:	Phone:	Name of Supervisor:
Description of Duties:		

May we contact the employers listed above? Yes No

If not, please indicate which one(s) you do not wish us to contact: _____

EDUCATIONAL BACKGROUND

	Name & Address of School	Course of Study	Check Last Year Completed	Did you Graduate?	Type of Degree or Certification
High School			9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from high school, do you have a high school equivalency diploma?					<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name	Address	Phone Number

CERTIFICATION

I understand that the County of Wythe follows an employment-at-will policy, in that I, or the employer, may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. 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 the County of Wythe will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, attachments and in interviews. I authorize all individuals, schools, and firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I have read and understand all of the above.

Applicant Signature

Date