



WARREN COUNTY APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

220 N Commerce Avenue, Suite 100, Front Royal, VA 22630

(540) 636-4600

NAME: _____ Date: _____

Email Address: _____ Phone Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Are you 18 years old or older? YES NO Social Security Number: _____
(Note: Completion of SSN is option. Failure to submit SSN on this form will NOT prohibit employment consideration. SSN may be required on other forms prior to employment)

POSITION APPLIED FOR: _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DEGREE/CERTIFICATE (YEAR)
High School			
College			
Trade, Business, or Correspondence School			

VOLUNTEER EXPERIENCE: _____

SPECIAL TRAINING: _____

SPECIAL SKILLS: _____
(i.e. clerical, computer, foreign language, etc.)

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? YES NO *Note: Proof of citizenship or immigration status will be required upon employment*

For purposes of compliance with Section 2.2-2903 of the Code of Virginia, have you ever served in the Armed Forces of the United States? YES NO *If yes, please attach a full copy of your DD Form 214*

May we contact your past employer(s)? YES NO May we contact your present employer(s)? YES NO

CURRENT/FORMER EMPLOYERS (List below last three employers, starting with most recent one first)

NAME OF PRESENT OR LAST EMPLOYER: _____
ADDRESS: _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER: _____
ADDRESS: _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER: _____
ADDRESS: _____

STARTING DATE _____ LEAVING DATE _____
Month Year Month Year

STARTING SALARY _____ FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

Have you ever been convicted of a misdemeanor? YES NO If yes, provide date(s) and nature of offense(s)

Have you ever been convicted of a felony? YES NO

Date: _____ Nature of Offense: _____

Date: _____ Nature of Offense: _____

(Note: You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied)

REFERENCES: List the names of three persons NOT related to you who have knowledge of your qualifications for this job.

NAME ADDRESS/TELEPHONE RELATIONSHIP YEARS ACQUAINTED

1. _____

2. _____

3. _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that all entries on this application are true and complete to the best of my knowledge, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Warren County.

I hereby authorize any investigator or duly accredited representative of the County of Warren, Virginia bearing this release, or a copy thereof, within one (1) year of its date, to obtain any information from schools, residential management and/or credit agents, employers, criminal justice agencies, or any individual or business that can attest to my personal or professional activities. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, training, disciplinary actions, credit, driving, criminal, civil court records, and conviction and arrest records.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents of the County of Warren, Virginia as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the County of Warren, Virginia is of an "at will" nature, which means that employment is not for any specific time period or duration and that the employee may resign at any time, and the employer may discharge the employee at any time with or without cause. While the County's employment practices may change from time to time, the employee's at will status may only be changed by official approval of the Warren County Board of Supervisors in accordance with the Code of Virginia.

SIGNATURE _____

DATE _____

PRINT NAME _____

HUMAN RESOURCES DEPARTMENT
220 N Commerce Avenue, Suite 100
Front Royal, VA 22630
Telephone: (540) 636-4600
Facsimile: (540) 636-6066
www.warrencountyva.gov
Equal Opportunity Employer

Employees of the County of Warren, Virginia and applicants for employment shall be afforded equal opportunity in all aspects of employment without race, color, religion, gender, national origin, age, disability, marital status, or political affiliation. The County also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria.