

Please print in ink or use typewriter
Number of attachments _____
Announcement number _____

County Administrator's Office
P O Box 570
Wise, VA 24293
276-328-2321

Wise County, of Virginia

An Equal Opportunity Employer

Application for Employment

Employees of Wise County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, handicap, sex or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the County of Wise.

1. Position applied for _____

2. Full legal name _____
Last First Middle

3. Home phone _____

5. Address _____
Number and street

4. Business phone _____

City State Zip

6. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. Name and location of last primary or secondary school attended

c. If you did not complete high school, do you have a high school equivalency diploma? _____ Yes _____ No

d. Circle number of years of post high school education 1 2 3 4 5 6 7

NAME AND LOCATION OF INSTITUTION	HRS	DEGREE	MAJOR or SPECIALTY	MINOR

e. If you expect to complete your educational program in the near future, please indicate what type of degree and when you expect to receive it.

7. EXPERIENCE

Please describe all paid, military and applicable voluntary experience starting with the most recent. You may list significantly different jobs within the same organization as separate items. If you need additional space please use a supplementary experience form. May we contact your present supervisor? _____ Yes _____ No

a. Job Title _____ Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Immediate Supervisor _____ Number & type of employees supervised _____

Title _____ Equipment used _____

Salary (start) _____ (finish) _____ Reason for leaving _____

Dates from _____ to _____ Name if different from present _____

b. Job Title _____ Duties _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____ Number & type of employees supervised _____
 Title _____ Equipment used _____
 Salary (start) _____ (finish) _____ Reason for leaving _____
 Dates from _____ to _____ Name if different from present _____

c. Job Title _____ Duties _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____ Number & type of employees supervised _____
 Title _____ Equipment used _____
 Salary (start) _____ (finish) _____ Reason for leaving _____
 Dates from _____ to _____ Name if different from present _____

d. Job Title _____ Duties _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____ Number & type of employees supervised _____
 Title _____ Equipment used _____
 Salary (start) _____ (finish) _____ Reason for leaving _____
 Dates from _____ to _____ Name if different from present _____

e. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops or special achievements. _____

f. Typing speed _____ words per minute. Shorthand speed _____ words per minute.

g. License (other than drivers), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

8. REFERENCES

List names and addresses of three persons not related to you who know your qualifications:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

9. MISCELLANEOUS

a. Are you willing to accept employment which requires you to travel?

____ Yes, during the day only.

____ Yes, occasionally overnight only.

____ Yes, both during the day and occasionally overnight.

____ No, I will not travel.

b. Are you willing to work: ____ During the day only, ____ Any shift other than day, ____ Any shift?

c. List the locations in which you are willing to work. If you are willing to work anywhere in Wise County, write all:

Are you willing to provide your own transportation if necessary for your employment? ____ Yes ____ No

Will you accept employment which is (check one): ____ permanent ____ temporary ____ either permanent or temporary?

Will you accept employment which is (check one): ____ full time ____ part time ____ either full or part time?

d. For purposes of compliance with Section 40.1-11.1 of the code of Virginia, entitled "Employment of Illegal Immigrants," are you legally 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.)

e. Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law? ____ Yes ____ No

If yes, please explain _____

10. When will you be available to start work? (No date is necessary if you are available as soon as you give adequate notice).

_____ Month _____ Day _____ Year

11. How did you find out about this employment opportunity? ____ Newspaper, ____ Radio-TV, ____ VEC, ____ friend ____ other

12. CERTIFICATION –Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and all attachments are true and complete, 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 the County of Wise. I understand that all information on this application is subject to verification and I consent to criminal history background checks and examination of my driving record from Virginia or any other state. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County of Wise to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. Wise County requires all new employees to submit to and pass a pre-employment, post-offer physical examination and drug screening. If employed, just as I may terminate my employment at any time without notice or cause and the County of Wise may terminate or modify the employment relationship at any time without prior notice or cause, in accordance with the policies of the County of Wise. In consideration of my employment, I agree to conform to the rules and regulations of the County of Wise and I understand that no department director or representative of the County of Wise, other than the Administration, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurance contrary to the policy of the County of Wise.

Date _____ Applicant Signature _____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in the Employment Application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit through inquiry of individuals or any investigative or credit agencies or bureaus of your choice.

However, I will be advised if an investigative report is obtained, and my financial and credit record will not be used as a basis for not employing me.

DATE

SIGNATURE OF APPLICANT