

County of Fluvanna

Form 2.3a - Employment Application

Employees of the County of Fluvanna and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender 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 Fluvanna County Human Resources Office at (434) 591-1910.

Applicant's Full Name (Last, First Middle)		2. Position applying for:				3. Salary Required				
4. Address				5. When will you be available to start w					start work?	
6. Home Phone	Cell Ph	Cell Phone Work Phon			Email Address					
EDUCATION										
7. Educ. Level (check one)					Attended graduate school Master's degree egree Graduate study beyond master's requirements Ph.D. or other professional degree					
8. List below all post-high school degree / certification programs begun or completed.										
Name and Location of Institution			List Degr Receive			Major	Minor	Dates Attended		
a.										
b.										
c.										
9. Additional/ongoing educational programs – List type of degree/certification and expected completion date:										
JOB EXPERIENCE										
Starting with your most recent position, describe all paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities that best demonstrate your qualifications for this position. <i>Use additional pages, as necessary.</i>										
10. JOB TITLE #1 (Most Recent) Employer			instrate '	Add			· · · · · · · · · · · · · · · · · · ·			
Type of Business		Supervisor's Name		Sı	Supervisor's Position		Phone			
Start Date (Mo/Yr)	End Dat	End Date (Mo/Yr) Starting		g Salary	y Ending Salary		☐ Full-Time	Part-Time		
Duties										
No. Employees Supervised Equipment			nent Use	nt Used Rea			Reason for L	Reason for Leaving		
May we contact your present supervisor?										

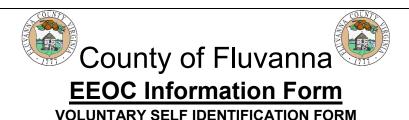
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11. JOB TITLE #2	Employer			Address				
Type of Business	ervisor's Na	ame	Supervisor's Position		Phone			
Start Date (Mo/Yr)	rt Date (Mo/Yr) End Date (Mo/			Ending Salary		Full-Time	Part-Time	
Duties								
No. Employees Supervi	Equip	Equipment Used			Reason for Lea	aving		
12. JOB TITLE #3	2. JOB TITLE #3				Addr	ess		
Type of Business	of Business Supervi			Supervise	Supervisor's Position		Phone	
Start Date (Mo/Yr)	End Date (N	lo/Yr)	Starting Salary	Ending Salary		Salary	Full-Time	Part-Time
Duties								
No. Employees Supervi	Equip	Equipment Used			Reason for Leaving			
13. JOB TITLE #4 E		Employer			Addr	ess		
Type of Business	ervisor's Na	ame	Supervisor's Position			Phone		
Start Date (Mo/Yr) End Date (Mo/		lo/Yr)	Starting Salary	Ending Salary		Full-Time	☐ Part-Time	
Duties								
No. Employees Supervi	Equip	Equipment Used			Reason for Lea	aving		
14. JOB TITLE #5	4. JOB TITLE #5 Employer			Address				
Type of Business	ervisor's Na	risor's Name Supervis			sition	Phone		
Start Date (Mo/Yr)	lo/Yr)	Starting Salary	Ending Salary		Full-Time	Part-Time		
Duties								
No. Employees Supervi						Reason for Lea		

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OTHER EXPERIENCE							
15. List any applicable training, seminars, workshops, special achievements or skills, computer software skills, etc.							
16. Were you previously employed by	/ Fluvanna C	ounty?	☐ No	If yes, in what ca	pacity?		
17. Are you related to a current or for	mer Fluvanr	na County employee	;? 🗌	Yes No If	yes, who?)	
LICENSES							
Including driver's license, certificates, or other authorization to practice a trade or profession. 18. Type License Number Granted By (State, licensing board, school, etc.)						ession.	
List 2 norsans (other than re	lativos or fri	REFERENCE	_	fyour work ovno	rioneo and	d/or aducation	
19. Reference Name	List 3 persons (other than relatives or friends). Reference Name City, State		owieuge o	Phone Number		Relationship	
MISCELLANEOUS							
20. Which job status you will accept?							
21. Which employment status you will accept?							
22. Which shift(s) you will accept?							
23. For purposes of compliance with The Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States? (You will be required to complete an I-9 form and provide documentation of your identity for employment purposes.)							
24. For purposes of compliance with Section 2.2-2804 of the Code of Virginia, if you are/were required to register for the Selective Service, have you done so? If no, state reason:							
25. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than more than 180 consecutive days of full-time active duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Dept. of Veterans Affairs?							
a. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?						Yes No	
CERTIFICATION							
 I hereby certify that all entries on both sides and 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 of any employment in with Fluvanna County. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the County of Fluvanna to rely upon and use, as it sees fit, any information received from such contacts. 							
26. Applicant's Signature Date							
27. How did you find out about this employment opportunity? County Website Newspaper Radio/TV Current employee Other Source							

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Applicants are requested to complete this form which will be used for reporting purposes only and will be kept separate from all other personnel records, only accessed by the Human Resources department. Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. If you choose not to self-identify your gender/ethnicity at this time, the federal and state Equal Employment Opportunity/ Affirmative Action record keeping requires the County of Fluvanna to determine this information by visual survey and/or other available information.

DATE:	
NAME:	
POSITION(S) APPLIED FOR:	
GENDER: (Please choose one option below)	
FEMALENO	N-BINARY
RACE/ETHNICITY CATEGORY (Please choo	ose one of the descriptions below corresponding to
the ethnic group in which you identify):	
AMERICAN INDIAN OR ALASKAN NATIVE	
ASIAN	
BLACK or AFRICAN AMERICAN	
HISPANIC or LATINO	
NATIVE HAWAIIAN or OTHER PACIFIC ISLA	ANDER
TWO OR MORE RACES	
WHITE	
DO NOT WISH TO DISCLOSE	
County of Fluvanna is an Equal Opportunity E	implover.