



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.

1. Applicant's Full Name (Last, First Middle)		2. Position applying for:		3. Salary Required	
4. Address				5. When will you be available to start work?	
6. Home Phone	Cell Phone	Work Phone	Email Address		

EDUCATION

7. Educ. Level (check one)

<input type="checkbox"/> Not a High School Graduate	<input type="checkbox"/> Attended graduate school
<input type="checkbox"/> High school graduate or equivalent	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Attended college and/or associate degree	<input type="checkbox"/> Graduate study beyond master's requirements
<input type="checkbox"/> College graduate	<input type="checkbox"/> 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 Degree Received	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. *Use additional pages, as necessary.*

10. JOB TITLE #1 (Most Recent)		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
May we contact your present supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No					

11. JOB TITLE #2		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
12. JOB TITLE #3		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
13. JOB TITLE #4		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
14. JOB TITLE #5		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	

OTHER EXPERIENCE

15. List any applicable training, seminars, workshops, special achievements or skills, computer software skills, etc.

16. Were you previously employed by Fluvanna County? Yes No If yes, in what capacity?

17. Are you related to a current or former Fluvanna 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.)

REFERENCES

List 3 persons (other than relatives or friends) who have knowledge of your work experience and/or education.

19. Reference Name	City, State	Phone Number	Relationship

MISCELLANEOUS

20. Which job status you will accept? Full-Time Part-Time

21. Which employment status you will accept? With Benefits No Benefits

22. Which shift(s) you will accept? Day Evening Night Rotating

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.) Yes No

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: Yes No

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? Yes No

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



County of Fluvanna
EEOC Information Form
VOLUNTARY SELF IDENTIFICATION FORM

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)

FEMALE _____ MALE _____ NON-BINARY _____

RACE/ETHNICITY CATEGORY (Please choose 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 ISLANDER _____
- TWO OR MORE RACES _____
- WHITE _____
- DO NOT WISH TO DISCLOSE _____

County of Fluvanna is an Equal Opportunity Employer.