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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 Nam	2. Position applying for:					3. Salary Required				
4. Address 5. When will you be available to start work?								start work?		
6. Home Phone	Cell Phone	Work Pł	ork Phone Email Addres							
				EDUC	ATION					
7. Educ. Level	🗌 Not a H	igh School G	Graduate	e			Attended gradu	uate school		
(check one)	High sc	hool gradua	ite or eq	luivaler	nt		Master's degre	e		
	Attende	ed college a	nd/or as	ssociate	e degree	e 🗌	Graduate study	/ beyond master's	requirements	
College graduate Ph.D. or other professional degree						ee				
8. List below all post-hi	gh school degr	ee / certifica	ation pro			or com	pleted.			
Name and Location c	of Institution			List Degree Received		Major	Minor	Dates Attended		
a.										
b.										
с.										
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 necess										
10. JOB TITLE #1 (Most	Recent) E	mployer				Ado	dress			
Type of Business	ess Supervisor's Name			Supervisor's Position			osition	Phone		
Start Date (Mo/Yr)	art Date (Mo/Yr) End Date (Mo/Yr) Startin			g Salary Ending Sa			g Salary	🗌 Full-Time 🗌 Part-Time		
Duties		1								
No. Employees Supervis	sed	Equipme	ent Used	ed			Reason for Leaving			
May we contact your present supervisor?										

11. JOB TITLE #2		Employer			Address					
Type of Business	Su	upervisor's Name		Supervisor's Position		sition	Phone			
Start Date (Mo/Yr)	End Date (Mo/Yr)		Starting Salary	Ending Sala		Salary	Full-Time	Part-Time		
Duties			1							
No. Employees Supervised		Equip	Equipment Used			Reason for Leaving				
12. JOB TITLE #3	Employer			Addr	ess					
Type of Business	Suj	Supervisor's Name		Supervisor's Position		sition	Phone			
Start Date (Mo/Yr)	End Date (Mo/Yr) Sta		Starting Salary	E	Ending Salary		Eull-Time	Part-Time		
Duties	<u> </u>									
No. Employees Supervised Equipmen		ment Used	ent Used R			Reason for Leaving				
		1								
13. JOB TITLE #4		Employer			Addr	ress				
13. JOB TITLE #4		Employer			Addr	ess				
13. JOB TITLE #4 Type of Business	Suj	Employer pervisor's N		Supervise			Phone			
	Suj End Date (f	pervisor's N				sition	Phone	Part-Time		
Type of Business		pervisor's N	lame		or's Pos	sition		Part-Time		
Type of Business Start Date (Mo/Yr)		pervisor's N	lame		or's Pos	sition		Part-Time		
Type of Business Start Date (Mo/Yr)	End Date (I	pervisor's N Mo/Yr)	lame		or's Pos	sition	Full-Time	Part-Time		
Type of Business Start Date (Mo/Yr) Duties	End Date (I	pervisor's N Mo/Yr)	Starting Salary		or's Pos	sition Salary Reason for Lea	Full-Time	Part-Time		
Type of Business Start Date (Mo/Yr) Duties No. Employees Superv	End Date (f	pervisor's N Mo/Yr) Equip	Starting Salary		or's Pos	sition Salary Reason for Lea	Full-Time	Part-Time		
Type of Business Start Date (Mo/Yr) Duties No. Employees Superv 14. JOB TITLE #5	End Date (f	pervisor's N Mo/Yr) Employer pervisor's N	Starting Salary	Supervise	or's Pos	sition Salary Reason for Lea ess sition	Full-Time	Part-Time		
Type of Business Start Date (Mo/Yr) Duties No. Employees Superv 14. JOB TITLE #5 Type of Business	End Date (f	pervisor's N Mo/Yr) Employer pervisor's N	ame Starting Salary ment Used	Supervise	or's Pos Ending : Addr	sition Salary Reason for Lea ess sition	Full-Time aving Phone			
Type of Business Start Date (Mo/Yr) Duties No. Employees Superv 14. JOB TITLE #5 Type of Business Start Date (Mo/Yr)	End Date (f	pervisor's N Mo/Yr) Employer pervisor's N	ame Starting Salary ment Used	Supervise	or's Pos Ending : Addr	sition Salary Reason for Lea ess sition	Full-Time aving Phone			

OTHER EXPERIENCE								
15. List any applicable training, seminars, workshops, special achievements or skills, computer software skills, etc.								
16. Were you previousl	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?								
			LICENS	-				
Including driver's license, certificates, or other authorization to practice a trade or profession.						ession.		
18. Туре	License Number Granted By (State, licensing board, school, etc.)							
	,		REFEREN				.,	
	(other than re	1		nowledge o	1		d/or education.	
19. Reference Name		City, State			Phone Number	r	Relationship	
MISCELLANEOUS								
20. Which job status yo	ou will accept?		Eull-Time		Part-Time			
21. Which employment status you will accept? 🗌 With Benefits 🗌 No Benefits								
22. Which shift(s) you will accept? Day Day Night Rotating						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 Yes No 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							🗌 Yes 🗌 No	
	loyment purpose	ou will be reques.)	ired to complete a	n I-9 form ar	nd provide docum	entation of		
	loyment purpose	ou will be reques.) on 2.2-2804 o	ired to complete a f the Code of Virgin	n I-9 form ar	nd provide docum	entation of	Yes No	
 For purposes of comp for the Selective Servi For purposes of comp 	loyment purpose liance with Section ce, have you door liance with Section	ou will be reques.) on 2.2-2804 o ne so? If no on 2.2-2903 o	ired to complete a f the Code of Virgin , state reason: f the Code of Virgin	n I-9 form ar nia, if you are nia, are you a	nd provide docum e/were required to veteran who rece	register		
24. For purposes of comp for the Selective Servi25. For purposes of comp honorable discharge a	loyment purpose liance with Section ice, have you dou liance with Section and has (i) provide	ou will be reques.) on 2.2-2804 o ne so? If no on 2.2-2903 o ded more thar	ired to complete a f the Code of Virgin , state reason: f the Code of Virgin n more than 180 co	n I-9 form an nia, if you are nia, are you a onsecutive da	nd provide docum e/were required to a veteran who rece ays of full-time act	entation of register ived an ive duty in		
24. For purposes of comp for the Selective Servi25. For purposes of comp honorable discharge a the armed forces of the	loyment purpose liance with Section ice, have you doon liance with Section and has (i) provio the United States	ou will be reques.) on 2.2-2804 o ne so? If no on 2.2-2903 o ded more than or reserve co	ired to complete a f the Code of Virgin , state reason: f the Code of Virgin n more than 180 co mponents thereof,	n I-9 form an nia, if you are nia, are you a onsecutive da including th	e/were required to veteran who rece ays of full-time act the National Guard,	entation of register ived an ive duty in	Yes No	
24. For purposes of comp for the Selective Servi25. For purposes of comp honorable discharge a	loyment purpose liance with Section ce, have you door liance with Section and has (i) provide the United States ability rating fixe	ou will be reques.) on 2.2-2804 o ne so? If no on 2.2-2903 o ded more than or reserve co ed by the Unit	ired to complete a f the Code of Virgin , state reason: f the Code of Virgin n more than 180 co mponents thereof, red States Dept. of 1	n I-9 form an nia, if you are nia, are you a onsecutive da including th	e/were required to veteran who rece ays of full-time act the National Guard,	entation of register ived an ive duty in	Yes No	
 24. For purposes of comp for the Selective Servi 25. For purposes of comp honorable discharge a the armed forces of th service-connected dis 	loyment purpose liance with Section ce, have you door liance with Section and has (i) provide the United States ability rating fixe	ou will be reques.) on 2.2-2804 o ne so? If no on 2.2-2903 o ded more than or reserve co ed by the Unit	ired to complete a f the Code of Virgin , state reason: f the Code of Virgin n more than 180 co mponents thereof, red States Dept. of 1	n I-9 form an nia, if you are nia, are you a onsecutive da including th Veterans Aff	e/were required to veteran who rece ays of full-time act the National Guard,	entation of register ived an ive duty in	Yes No	
 24. For purposes of comp for the Selective Servi 25. For purposes of comp honorable discharge a the armed forces of t service-connected dis a. If yes, did you serve 	loyment purpose liance with Section ce, have you do liance with Section and has (i) provion the United States ability rating fixes e during the Viete	ou will be reques.) on 2.2-2804 one so? If no on 2.2-2903 o ded more than or reserve co ed by the Unit nam Conflict (f the Code of Virgin , state reason: f the Code of Virgin n more than 180 co mponents thereof, ed States Dept. of 2/28/61-3/7/75)? CERTIFICA	n I-9 form an nia, if you are nia, are you a nsecutive da including th Veterans Aff	nd provide docume e/were required to a veteran who rece ays of full-time act ie National Guard, airs?	entation of register ived an ive duty in or (ii) has a	Yes No Yes No Yes No	
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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) FEMALENON-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							
BLACK or AFRICAN AMERICAN							
HISPANIC or LATINO							
TWO OR MORE RACES							
WHITE							
DO NOT WISH TO DISCLOSE							
County of Fluvanna is an Equal Opportunity Employer.							