NAME:					
	(LAST)	(FIRST)	(MIDDLE)		
POSITIO	N APPLYING FO	R:			

APPLICATION FOR EMPLOYMENT

Northumberland County

P.O. Box 129, Heathsville, Virginia 22473 * 72 Monument Place

AN EQUAL OPPORTUNITY EMPLOYER



PLEASE READ THESE INSTRUCTIONS BEFORE YOU COMPLETE YOUR APPLICATION

Applications are only accepted for jobs which are currently open.

BE SURE TO LIST THE TITLE OF THE JOB FOR WHICH YOU ARE APPLYING.

Complete the entire application. Incomplete applications WILL NOT be considered.

<u>Mail or bring your application</u> to the County Administrators Office: P.O. Box 129, 72 Monument Place, Heathsville, Virginia 22473

1.	PRINT NAMI	Ξ				
		(LAST)		(FIRST)	(MIDDLE)
2.	ADDRESS					
	CITY			STATE		ZIP
3.	PHONE Hor	me ())		Work ()
4.	EMAIL				SS#	mation not required Failure to su
	y number on this orms prior to emp	form will no ployment)	ot prohibit	employment consid	leration. So	ocial Security number may be requou a veteran? Yes No
6.	Do you have a	valid driver'	s license?	Yes No Com	mercial Dr	rivers License? Yes No
	Expiration date	:		Driver's Licens	se Number	:
7.	Have you previously filed an application with the Northumberland County? Yes No					
	If "YES" give	position ap				
8.	EDUCATION	: Name ar	nd location	n of high school at	tended: _	
	Did you gradu	ate? Y				G.E.D. test? Yes No
	School & Lo	ocation F	rom To	Date Graduated	Degree	Major Area of Study
College Or						
Other ducati						
Other Educati	<u> </u>					

	SPECIAL QUALIFICATIONS A licenses and certificates, publications, so			and, foreign language, profession			
	EXPERIENCE: Start with your prese.	nt job and work ba	ck, include mi	ilitary and volunteer experience			
	Additional experience should be listed by include all requested information.						
	Present Employer						
	Address						
	Phone Number ()		Fax (_)			
	Job Title	Starting Salary		Present Salary			
	Dates of Employment: From	to _		Hours per week			
	Supervisor's Name						
	Reason for Leaving						
	Work Description						
	Employer						
	Address						
	Phone Number ()		Fax (_)			
	Job Title	Starting Salary		Present Salary			
	Dates of Employment: From	to		Hours per week			
	Supervisor's Name						
	Reason for Leaving						
	Work Description						

Address		
Address		
Phone Number ()	Fax ()	
Job Title Starting Salary		Present Salary
Dates of Employment: From to		_ Hours per week
Supervisor's Name		
Reason for Leaving		
Work Description		
Have you ever been dismissed or forced to resign a	a position?	Yes No
Have you ever been convicted of any offense against the law Include convictions by general court martial while in the mil		
If "YES", give date, place, charge, court, and fine or se	entence	
(A conviction does not automatically mean that you cannot be empeare important. Give all the facts so that a decision can be made.)	loyed. What you	were convicted of and how long a
How did you learn about the job for which you are	e applying? _	
		aracter and record of

ATTENTION: THIS STATEMENT MUST BE SIGNED. I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge, and that misrepresentation or omissions may result in rejection of my application, permanent ineligibility for appointments or dismissal. Signature of Applicant Date FOR ADMINISTRATIVE USE ONLY Position(s) applied for Available Not Available Other position considered for _____ Hired Yes No Position Hired for From the EEO job classification listed below, which one best describes the position filled. ☐ Executive/Senior Level Officials and Managers Sales Workers ☐ Administrative Support Workers First/Mid Level Officials and Managers Professionals ☐ Craft Workers Technicians Operatives Laborers and Helpers Service Workers