

Please print in ink (preferably black) or use typewriter

Number of attachments

Position number

# County of Louisa, Virginia

An Equal Opportunity Employer

Send this application to:  
**Administrator's Office**  
1 Woolfolk Avenue,  
PO Box 160  
Louisa, Virginia 23093

## Application for Employment

Each Application Requires an Original Signature on the application and the criminal background check

Employees of the County of Louisa 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 agency to which you are applying.

1. Position applied for \_\_\_\_\_ 2. Agency \_\_\_\_\_  
(one per application)

3. Full legal name \_\_\_\_\_ 5. Home Phone ( ) \_\_\_\_\_  
Last First Middle

4. Address \_\_\_\_\_ 6. Business Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip

### 7. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date Received \_\_\_\_\_
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

- 8. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.  

Type	License Number	Granted by (licensing board)

9. **REFERENCES**

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

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Check which employment status you'd accept:  Salaried (benefits)  Hourly (No benefits)  Part-time (No benefits)
- d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- h. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates):  World War I--4/16/17-4/1/20;  World War II--12/7/41-12/31/46;  Korean Conflict--6/27/50-1/31/55;  Vietnam Conflict--8/5/64-3/7/75;  None of the dates shown, but I did serve in the military.
- i. Have you ever been convicted\* of a law violation(s), including moving traffic violations  Yes  No If YES, please provide the Following: Description of offense: \_\_\_\_\_

Statute or ordinance (if known): _____	Date of Charge: _____	Date of Conviction: _____
County, City, State of Conviction: _____		

(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_ Month \_\_\_ Day \_\_\_ Year

12. **CERTIFICATION--Each Application Requires an Original Signature on the application and the criminal background check**  
 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 to any employment in the service of the County of Louisa, Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County of Louisa, Virginia 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.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Name Position Applied For

Job Title Duties:
Employer
Address
Phone

Type of business
Immediate supervisor
Title
Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

Job Title Duties:
Employer
Address
Phone

Type of business
Immediate supervisor
Title
Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

Job Title Duties:
Employer
Address
Phone

Type of business
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Salary (start) (finish)
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Reason for leaving
Your name if different from present

Job Title Duties:
Employer
Address
Phone

Type of business
Immediate supervisor
Title
Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

**AUTHORIZATION FOR CRIMINAL HISTORY BACKGROUND INVESTIGATION**

I, the undersigned, do hereby give Louisa County, Virginia and the Louisa County Sheriff's Department authorization and permission to conduct a criminal history background investigation and to obtain a criminal history report in relation to me for the purpose of determining whether I have in the past been convicted of criminal law violations.

I understand that this information will be used in evaluating my application for Employment and only if I am considered for this position. Until then, this information will be kept separate from my application.

I fully and completely release, agree to hold harmless, and shall indemnify Louisa County, Virginia and Louisa County Sheriff's Department in relation to any claim, action, damage, costs, or fee resulting from these parties obtaining this information and using same as referred to above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature witnessed by: \_\_\_\_\_

Pursuant to Federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian and Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education that you have completed (check only one)

- Less than 8<sup>th</sup> grade
- Completed 8<sup>th</sup> grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_/\_\_/\_\_\_\_

Position applied for: \_\_\_\_\_

Position number: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper: specify name of newspaper \_\_\_\_\_
- Radio/TV: specify name of Media \_\_\_\_\_
- VEC
- State Recruit System
- Agency Bulletin Board
- Other: Please specify \_\_\_\_\_

For office use only: EEO Category: \_\_\_\_\_