



# COUNTY OF HALIFAX, VIRGINIA

## Appl icAtion for Empl oyment

P. O. Box 699  
1030 Cowford Rd., Suite LL1  
Halifax, VA 24558  
Phone (434) 476-3300  
Fax (434) 476-3384

Position Applied For: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Today's  
Date: \_\_\_\_\_

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

Home  
Phone: \_\_\_\_\_

Work  
Phone: \_\_\_\_\_

City

State

Zip

**EDUCATION:**

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Date

If you did not complete high school, do you have a high school equivalency diploma (GED)? Yes \_\_\_\_\_ No \_\_\_\_\_

Received \_\_\_\_\_

Name & Location	Dates Attended	Did You Graduate?	Degree Received	Major/Minor
High School	From: _____ To: _____	Y or N _____	_____	_____
College	From: _____ To: _____	Y or N _____	_____	_____
Graduate School	From: _____ To: _____	Y or N _____	_____	_____
Other	From: _____ To: _____	Y or N _____	_____	_____

**EXPERIENCE:**

Starting with the most recent, describe ALL paid, military, and volunteer work experience you have had. Highlight your knowledge, skills, and abilities that best demonstrate your qualifications for this position. Attach additional sheets if necessary. You must fill out this section in full; however, you may attach a resume to provide additional information.

Job Title	Duties:		
Employer	_____		
Address	_____		
Phone	(      ) _____		
Type of Business	_____		
Immediate Supervisor	_____		
Supervisors' Title	Equipment Used		
Salary	Start _____	Finish _____	
Dates	Mo/Yr _____	To Mo/Yr _____	Number of Employees Supervised _____
	Full Time _____	Part Time _____	Hrs/Week _____ Reason for Leaving _____

Job Title	Duties:		
Employer			
Address			
Phone	( )		
Type of Business			
Immediate Supervisor			
Supervisors' Title	Equipment Used		
<b>Salary</b>	Start	Finish	
<b>Dates</b>	Mo/Yr	To Mo/Yr	Number of Employees Supervised
	Full Time	Part Time	Hrs/Week
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List all computer software programs you know how to operate: \_\_\_\_\_

Typing Speed: (words per minute) \_\_\_\_\_

Shorthand speed: (words per minute) \_\_\_\_\_

List all machinery and/or office equipment you know how to operate: \_\_\_\_\_

List all licenses (including driver's license), certificates, or other authorizations to practice a trade or profession:

Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Granted by (licensing board): \_\_\_\_\_

List any honors, awards, or special achievements: \_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application and qualifications for employment:

**Yes or No**

Have you ever been convicted of:

- A. Felony \_\_\_\_\_
- B. Misdemeanor \_\_\_\_\_
- C. Any Traffic infraction (moving violation) \_\_\_\_\_

If yes, please explain and give dates: \_\_\_\_\_

*(A conviction does not automatically eliminate you from employment consideration. The nature of the offense, when it occurred, and the requirements of the position will be taken into consideration.)*

**Yes or No**

Have you ever been fired or asked to resign from a job: \_\_\_\_\_

*(A firing or forced resignation does not automatically eliminate you from employment consideration. The circumstances, time lapsed, and employment record may be considered.)*

**Failure to be completely truthful and accurate may cause you to be disqualified from employment.**

## REFERENCES:

List the names, addresses, phone numbers, and occupations of the three persons not related to you who know your qualifications.

## **CERTIFICATION:**

I hereby certify that all information contained in this application is 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 with the County of Halifax, Virginia.

I understand that all information is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application. I further authorize the County of Halifax to rely and use, as it sees fit, any information received from such contacts. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice or without cause.

Date:

Applicant Signature: