



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: _____

City State Zip

Today's
Date: _____

Security
Number: _____

Home
Phone: _____

Work
Phone: _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

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

Date
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	
Salary	Start			Finish	
Dates	Mo/Yr		To Mo/Yr	Number of Employees Supervised	
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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:

Have you ever been convicted of:

Yes or No

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.

