



COUNTY OF AMHERST

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer ~ Women and Minorities are encouraged to apply.

This application must be received by Amherst County no later than the advertised closing date. Electronic or faxed submission of the required County application is not allowed at this time.

Mailing Address: Amherst County
P.O. Box 390
Amherst, Virginia 24521

Physical Address: 153 Washington Street
Amherst Virginia 24521

Amherst County only accepts applications for open positions. This application for employment is the first step in the selection process. Print all answers in **BLUE or BLACK INK** or complete electronically. Failing to follow all directions and completely fill out the application will disqualify you from further consideration. A cover letter and resume may be attached but do not substitute for the information on the application. Employees of Amherst County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to their race, color, religion, gender, national origin, disability, age, sexual orientation, marital status or political affiliation.

As a means of accommodation to persons with specific disabilities that require assistance to complete this application, confidential assistance may be obtained by calling the Amherst County Human Resources office at (434)946-9420 or via email at hr@countyofamherst.com.

Position applied for	(one per application)			Department
Full legal name	Last	First	Middle	Home Phone
Address				Cellular or other Phone
	City	State	Zip	E-mail Address

1. EDUCATION:

- Check 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? Yes No
- 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: _____

2. EXPERIENCE: 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. Use Supplementary Experience Form(s) for additional space.

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. 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
e. 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

f. 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:

g. List the various types of software you have used and your proficiency level (beginner, intermediate, or advanced) with each type of software:

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

Type	License Number	Granted by (licensing board)

3. **REFERENCES:** List names, addresses and relationships of three persons **NOT** related to you who know your qualifications.

Name	Address	Phone	Relationship

4. **MISCELLANEOUS:**

- Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- Check which job status you will accept: Full-time Part-time (specify) _____
- Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- 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.
- Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No. If no, state reason:
- Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:

Offense Description	Statute or ordinance (if known)	Date of Charge	Date of Conviction	Court of Conviction (City & State)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. (For additional convictions use plain paper. Include all the categories of information listed above.)

13. 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 _____

14. **CERTIFICATION:** *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on this application and any attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of my employment with Amherst County. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Amherst County 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's Signature _____

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 without regard to their race, color, religion, gender, national origin, disability, age, sexual orientation, marital status or political affiliation.

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

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbean's 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 & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

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

- Less than 8th grade
- Completed 8th 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: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media

Please print in blue or black ink or complete
electronically.

Attachment Number: _____

AMHERST COUNTY
An Equal Opportunity Employer

SUPPLEMENTARY EXPERIENCE FORM

Name _____	Position Applied For _____
Job Title _____	Duties: _____
Employer _____	Number and titles of employees you supervised _____
Address _____	Equipment used _____
Phone _____	Reason for leaving _____
Type of business _____	Your name if different from present _____
Immediate supervisor _____	
Title _____	
Salary (start) _____ (finish) _____	
Dates (mo/yr) _____ to (mo/yr) _____	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	
Job Title _____	Duties: _____
Employer _____	Number and titles of employees you supervised _____
Address _____	Equipment used _____
Phone _____	Reason for leaving _____
Type of business _____	Your name if different from present _____
Immediate supervisor _____	
Title _____	
Salary (start) _____ (finish) _____	
Dates (mo/yr) _____ to (mo/yr) _____	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	
Job Title _____	Duties: _____
Employer _____	Number and titles of employees you supervised _____
Address _____	Equipment used _____
Phone _____	Reason for leaving _____
Type of business _____	Your name if different from present _____
Immediate supervisor _____	
Title _____	
Salary (start) _____ (finish) _____	
Dates (mo/yr) _____ to (mo/yr) _____	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	
Job Title _____	Duties: _____
Employer _____	Number and titles of employees you supervised _____
Address _____	Equipment used _____
Phone _____	Reason for leaving _____
Type of business _____	Your name if different from present _____
Immediate supervisor _____	
Title _____	
Salary (start) _____ (finish) _____	
Dates (mo/yr) _____ to (mo/yr) _____	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	