



## EMPLOYMENT APPLICATION ACCOMACK COUNTY

Department of Human Resources  
23296 Courthouse Rd.  
PO. Box 388 Accomac, VA 23301  
Telephone: (757) 787-5707  
FAX: (757) 787-2468

Accomack County does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.

**INSTRUCTIONS:** Please type or print legibly using ink. Read the job announcement carefully before filling out this application. We accept applications only for positions which we are currently advertising. Completed applications must be received by the Department of Human Resources by 4:30 PM on the advertised date recruitment for the position ends. Applications must be complete and signed. The Department of Human Resources will not research previous applications or human resource records to obtain information. You may attach a resume to a completed County application; however, a resume is not a substitute for this application. You may request any needed accommodation to participate in the application process. Employment decisions shall be made in accordance with all applicable laws. Completed applications may be faxed. Completed applications sent via email are not accepted without prior permission.

### Position Applied For:

Requested Salary:

### PERSONAL

Full Legal Name:	Social Security Number: - -
Address:	City:
State:	Zip: -
Telephone:(H) ( ) -	(W) ( ) -

### EDUCATION & TRAINING

High School Name:	
Address:	City:
State:	Zip: -
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Certificate (type):

College Name:	
Address:	City:
State:	Zip: -
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree (type):

College Name:	
Address:	City:
State:	Zip: -
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree (type):

College Name:	
Address:	City:
State:	Zip: -
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/Degree (type):

Describe any specialized training, apprenticeship, skills, extra-curricular activities and graduate studies:

**EXPERIENCE**

List below your 4 previous employers beginning with the most recent.

From:	To:	Employer Name:		
Address:		City:		
State:		Zip:	-	
Hours per week:	Beginning pay:	Per :	Ending pay:	Per :
Your Title:		Immediate supervisor:		
Telephone: ( ) -				
Describe your duties:				

Reason leaving:

May we ask your present employer about you?  Yes  No

From:	To:	Employer Name:		
Address:		City:		
State:		Zip:	-	
Hours per week:	Beginning pay:	Per :	Ending pay:	Per :
Your Title:		Immediate supervisor:		
Telephone: ( ) -				
Describe your duties:				

Reason you left this employer:

From:	To:	Employer Name:		
Address:		City:		
State:		Zip:	-	
Hours per week:	Beginning pay:	Per :	Ending pay:	Per :
Your Title:		Immediate supervisor:		
Telephone: ( ) -				
Describe your duties:				

Reason you left this employer:

# Employment Application

Accomack County, Virginia

From:	To:	Employer Name:		
Address:		City:		
State:		Zip: -		
Hours per week:	Beginning pay:	Per :	Ending pay:	Per :
Your Title:		Immediate supervisor:		
Telephone: ( ) -				
Describe your duties:				
Reason you left this employer:				

## REFERENCES

List persons, other than relatives or former supervisors, who know your qualifications and/or your character:

Name:	Relationship:		
Address:		City:	
State:		Zip: -	
Phone: (W) ( ) -		(H) ( ) -	
Name:	Relationship:		
Address:		City:	
State:		Zip: -	
Phone: (W) ( ) -		(H) ( ) -	
Name:	Relationship:		
Address:		City:	
State:		Zip: -	
Phone: (W) ( ) -		(H) ( ) -	

## GENERAL INFORMATION

Have you ever worked for Accomack County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, when and in what capacity?		
Can you perform the essential duties of the position with or without accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:		
Are you eligible for employment in the U.S. under the Immigration Reform and Control Act?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If under 18, can you provide required proof of your eligibility to work:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid VA Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid VA Commercial Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List and attach photocopies of all your certifications required for the position:		

If you are an experienced operator of any business machines, computers, tools or heavy equipment, tell us:


Can you meet the attendance requirement of this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate if you can work shift work: Regular Shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irregular shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of Driving While Intoxicated or Driving Under the Influence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A conviction does not automatically mean that you cannot be employed. The nature and date of the offense will be considered. Please supply the name and address of the court where convicted, date, offense and sentence for each conviction:


I hereby certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me or for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I authorize you to contact my former employers, schools and references. I release all employers, firms, schools and individuals of any and all liability for release of this information. My signature authorizes drug screening, investigative reports, criminal records checks and a post-offer physical examination if required by the position. I understand that this employment application is not an employment contract and, if employed, my employment with the County is at will and may be terminated at any time and for any or no stated reason.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Unsigned applications may be rejected without further notice.)

1-03