

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

Name of Employer		Dates of Employment FROM: TO:		Salary START: FINAL:
Full Time: <input type="checkbox"/>	Address	Reason for Leaving		
Part Time: <input type="checkbox"/>				
Telephone	Supervisor	Your Name When Employed if Different		
Describe the Work You Performed:				

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Part Time: <input type="checkbox"/>				
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Telephone	Supervisor	Your Name When Employed if Different		
Describe the Work You Performed:				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO IF NOT, PLEASE CHECK THE ONE(S) YOU DO NOT WISH FOR US TO CONTACT. LIST ADDITIONAL JOBS ON THE BACK IF NECESSARY.

Are you a resident of Accomack County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How long? _____	
Have you previously been employed by Accomack County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When? _____	
If applicable, list any relatives working for the Sheriff's Office or Accomack County:	
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
Have you ever been charged/convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, For What? _____	
Have you ever had a protective order issued against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location? _____	
Have you been convicted of driving under the influence of alcohol or drugs in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been assigned to an alcohol safety action program or a driver rehabilitation program in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever used prescription drugs NOT prescribed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you object to having your present/previous employer(s) questioned about your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rate of pay expected \$ _____ per year in this position.	
If your application is favorably considered, on what date will you be available to start work? _____	
Give speed in words per minute: Shorthand _____ Typing _____	
List the types of machines that you can operate: _____	
List below the names, occupations, addresses and phone numbers of three (3) persons who know your qualifications or character: (Not relatives)	
1. _____	_____
2. _____	_____
3. _____	_____
Name and location of the last elementary, junior high, or high school attended:	
Name of School _____	Highest Grade Completed _____
Location _____	Date of Graduation _____
If you did not graduate from high school, do you have a high school equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date Received _____ Check one: <input type="checkbox"/> GED <input type="checkbox"/> USAFI <input type="checkbox"/> OTHER	
College, University, or Trade (Technical) School:	
Name _____	Years Completed _____
Location _____	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree _____
Name _____	Years Completed _____
Location _____	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree _____

STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:
SELECTIVE SERVICE NUMBER (IF APPLICABLE):
ARMED FORCES SERVICE OR SERIAL NUMBER (IF APPLICABLE):
VETERANS ADMINISTRATION CLAIM NUMBER (IF APPLICABLE):

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION PROVIDED ON MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. ALSO, I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON THE RESULTS OF A PHYSICAL EXAMINATION, WRITTEN TEST(S), A PHYSICAL TEST AND AN ORAL REVIEW.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PLEASE HAVE A NOTARY PUBLIC COMPLETE THE FOLLOWING

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20____.

 APPLICANT'S SIGNATURE

STATE OF VIRGINIA, COUNTY OF ACCOMACK, TO-WIT:

THIS DAY, _____, PERSONALLY APPEARED BEFORE ME AND ACKNOWLEDGED HIS/HER SIGNATURE TO THE ABOVE STATEMENT.

 NOTARY PUBLIC'S SIGNATURE

MY COMMISSION EXPIRES ON THE _____ DAY OF _____, 20____.