

Please print in ink (preferably black) or use typewriter

County of Madison, Virginia

An Equal Opportunity Employer

Number of attachments

Position number

Application for Employment

Each Application Requires an Original Signature on the Application

Employees of the County of Madison and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Department _____

3. Full legal name _____
Last _____ First _____ Middle _____
5a. Home Phone () _____

4. Address _____
5b. Cell Phone () _____
City _____ State _____ Zip _____
6. Email _____

7. EDUCATION
a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date _____
c. 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: _____

8. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. 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. 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 _____

Send this application to:
County Administrator's Office
302 Thrift Road
PO Box 705
Madison, VA 22727

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. 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: _____

e. Automated word processing (specify equipment)
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

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

Type	License Number	Granted by (licensing board)

9. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- Check which job status you would accept: Full-time Part-time (specify) _____
- Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits) Part-time (No benefits)
- 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.
- Are you willing to provide your own transportation if necessary for your employment? Yes No.
- For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): World War I--4/16/17-4/1/20; World War II--12/7/41-12/31/46; Korean Conflict--6/27/50-1/31/55; Vietnam Conflict--8/5/64-3/7/75; None of the dates shown, but I did serve in the military.
- Have you ever been convicted* of a crime or law enforcement violation? Yes No. Provide the following for each conviction:

Date of charge	Offense	Date of conviction	Sentence	City/County & State of Conviction

For additional convictions use plain paper and include the applicant's full name and all information indicated above.

*Convictions include traffic violations, speeding, driving while intoxicated, misdemeanors, felonies, Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults and all other offense on the applicant's record.

11. 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 _____

12. **CERTIFICATION--Each Application Requires an Original Signature on the application**

I hereby certify that all entries on both sides and attachments are 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 in the service of the County of Madison, Virginia. I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County of Madison, Virginia 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 Signature _____

Supplementary Experience Form

Name

Position Applied For

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 <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	Your name if different from present _____
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 <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	Your name if different from present _____
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Employer _____	
Address _____	
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Employer _____	
Address _____	
_____ Phone _____	
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Employer _____	
Address _____	
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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 <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/week _____	Your name if different from present _____

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 on the basis of race, color, sex, age, national origin, religion, or disability.

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

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Carribbeans 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 and Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education that 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:

How did you find out about this employment opportunity?

- Newspaper: specify name of newspaper
- Radio/TV: specify name of Media
- VEC
- State Recruit System
- Agency Bulletin Board
- Other: Please specify

For office use only: EEO Category: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION OR

ANY ACADEMIC DEAN, REGISTRAR, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL, COLLEGE, BUSINESS, TRADE OR HIGH SCHOOL OR

ANY PAST OR PRESENT EMPLOYER, CREDIT BUREAU OR RETAIL MERCHANTS
ASSOCIATION, BANK, FINANCIAL INSTITUTION OR ANY OTHER CREDIT AGENCY OR ANY
OTHER STATE OR FEDERAL AGENCY:

Address _____ Street or Road _____ City or Town _____ State _____ Zip Code _____

Have applied for employment with the Madison County Sheriff's Office/Joint E911 Dispatch Center, and I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Madison County Sheriff's Office or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number (if any) _____

Veterans Administration Claim Number (if any) _____

Social Security Number _____

Given under my hand this _____ day of _____, 20____

Signature (sign before notary only)

STATE OF VIRGINIA: COUNTY/CITY OF

This day _____ personally appeared before me and acknowledged his/her signature of the above statement.

My commission expires on the _____ day of _____, 20____

Notary Public