EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information: Employer: **County of Bland**, 612 Main Street, Bland, VA 24315

Telephone: 276-688-4622

It is the policy of the County of Bland to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age disability or veteran status.

1. Applicant Information:

Applicant Full Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Number of years at this address: Click or tap here to enter text.

Best Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

1. Emergency Contact Information:

Contact Name: Click or tap here to enter text.

Relationship to you: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

1. Job Position Applied For: Click or tap here to enter text.

[ ]  Full Time [ ]  Part-time

1. Are you at least 18 years of age? [ ]  Yes [ ]  No
2. How will you get to work? Click or tap here to enter text.
3. Are you willing to work any shift, including nights and weekends? [ ]  Yes [ ]  No

If no, please state any limitations: Click or tap here to enter text.

1. If applicable, are you available to work overtime? [ ]  Yes [ ]  No
2. If you are offered employment, when would you be available to begin work?

Click or tap here to enter text.

1. If hired, are you able to submit proof that you are legally eligible for employment in the United States? [ ]  Yes [ ]  No
2. Applicant’s Skills: List any skills that may be useful for the job you are seeking and the number of years of experience.

Skill/Years of Experience

Click or tap here to enter text.

Click or tap here to enter text.

1. Employment History: List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Job Duties: HR

Reason for Leaving: Click or tap here to enter text.

Dates of Employment (Month/Year): Click or tap here to enter text.

Employer Name: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Job Duties: Click or tap here to enter text.

Reason for Leaving: Click or tap here to enter text.

Dates of Employment (Month/Year): Click or tap here to enter text.

Employer Name: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Job Duties: Click or tap here to enter text.

Reason for Leaving: Click or tap here to enter text.

Dates of Employment (Month/Year): Click or tap here to enter text.

Employer Name: Click or tap here to enter text.

Supervisor Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Job Duties: Click or tap here to enter text.

Reason for Leaving: Click or tap here to enter text.

Dates of Employment (Month/Year): Click or tap here to enter text.

1. Education and Training:

College/University Name and Address: Click or tap here to enter text.

Did you receive a degree? [ ]  Yes [ ]  No If yes, degree(s) received: Click or tap here to enter text.

High School/GED Name and Address: Click or tap here to enter text.

Did you receive a degree? [ ]  Yes [ ]  No

Other Training (Graduate, technical, vocational): Click or tap here to enter text.

Please indicate any current professional licenses or certifications that you hold:

Click or tap here to enter text.

Awards, Honors, Special Achievements:

Click or tap here to enter text.

Military Service: [ ]  Yes [ ]  No

Branch: Click or tap here to enter text.

1. References:

List any two non-Relatives who would be willing to provide a reference for you.

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

1. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

Click or tap here to enter text.

**CERTIFICATION**

I certify that the information provided on this application is true and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination of employment.

I authorize the County of Bland to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO THE TERMS.

APPLICANT SIGNATURE