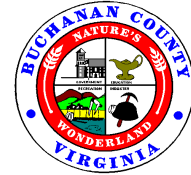




COUNTY OF BUCHANAN

P.O. BOX 950
GRUNDY, VA 24614



INSTRUCTIONS: Please read all instructions carefully and answer all questions completely. Although resumes may be submitted in addition to the information requested on this application, you must submit a completed application to be considered for employment. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

POSITION APPLIED FOR:
(Use title from Job Announcement)

Position Reference Number:

Name

Last First Middle

Social Security Number:

- -

Mailing Address

Number Street Apartment#

City/Town State Zip Code

Physical Address

Phone Numbers:

Home: () _____ - _____

Work: () _____ - _____

Are you currently employed?

Yes No

Date of Birth (Required for Police Officer, Firefighter, and Deputy Sheriff applicants only):

Month Day Year

Are you a U.S. citizen or are you otherwise legally eligible for employment in the U.S.? (Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)

Yes No

Have you ever worked for the County of Buchanan?

Yes No

If YES, please give dates of employment.

From: ____/____/____ to ____/____/____
Mo. Yr. Mo. Yr.

Have you ever been convicted of an adult law violation? Yes No

If yes, please give date, place, charge, court, and any fine or sentence imposed.

A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered, but you **MUST** give all of the facts. (Attach a separate sheet if necessary.)

Do you have a valid driver's license?
 (Answer only if required for the position)

Yes No

Do you have a valid commercial driver's license?
 (Answer only if required for the position)

Yes No

EDUCATION: Do you have a high school diploma? Yes No
 (Either a regular diploma or G.E.D.)

If NO, please list highest grade completed in school. _____

Name and location (City & State) of College(s) or University(ies) attended.	Dates		Total Credit Hours		Major Field of Study	Degree Received?		
	From	To	Sem.	Qtr.		Yes	No	Type (BS, MA)

List specific college courses you have completed, which are related to the minimum requirements of the position for which you are applying (Indicate credit/non-credit). Also, please list any academic honors or awards you have received.

List education or training not covered above (such as vocational school, correspondence courses, & in-service training) which you feel relates to the position for which you are applying.

Special qualifications relevant to the position for which you are applying that are not covered elsewhere in your application (such as foreign language proficiency, professional licenses or certificates, skills in the operation of machinery, equipment, technical skills and/or computer, or other special training). For licenses and certificates, please include date, place of issuance, and date of expiration.

EMPLOYMENT:

PLEASE NOTE: In order to receive maximum consideration, list you present and past full-time, part-time, and temporary employment. Give special attention to experiences relating to the position for which you are applying. List related volunteer work, self-employment, and military service. You need not go back beyond 10 years, unless you feel prior experiences are directly related to the position. If more space is needed, attach additional pages with the same information requested in blocks 1 through 4.

1	Your Job Title (current or most recent) <hr/>	Name & title of immediate supervisor & phone Number <hr/> () -
	Employer <hr/>	Address & phone number of Employer <hr/> () -
Dates of employment (information MUST be complete) From: ___/___/___ To: ___/___/___ Starting Salary: _____ Final Salary: _____ Number of hours worked per week _____ Number of employees you supervised (if applicable): _____ Reason for Leaving: May we contact your current employer? <input type="radio"/> Yes <input type="radio"/> No		Describe your duties, responsibilities, and accomplishments below.
2	Your Job Title <hr/>	Name & title of immediate supervisor & phone Number <hr/> () -
	Employer <hr/>	Address & phone number of employer <hr/> () -
Dates of employment (information MUST be complete) From: ___/___/___ To: ___/___/___ Starting salary: _____ Final salary: _____ Number of hours worked per week: _____ Number of employees you supervised (if applicable): _____ Reason for leaving:		Describe your duties, responsibilities, and accomplishments below.

3	Your Job Title _____	Name and title of immediate supervisor & phone number _____ () - _____
	Employer _____	Address & phone number of Employer _____ () - _____
Dates of employment (information MUST be complete) From: ____/____/____ To: ____/____/____ Starting Salary: _____ Final Salary: _____ Number of hours worked per week: _____ Number of employees you supervised (if applicable) _____ Reason for leaving: _____		Describe your duties, responsibilities, and accomplishments below.
4	Your Job Title _____	Name and title of immediate supervisor & phone number _____ () - _____
	Employer _____	Address & phone number of employer _____ () - _____
Dates of Employment (information MUST be complete) From: ____/____/____ To: ____/____/____ Starting salary: _____ Final salary: _____ Number of hours worked per week: _____ Number of employees you supervised (if applicable): _____ Reason for leaving: _____		Describe your duties, responsibilities, and accomplishments below.

I hereby certify that all of the information in this application and attachments is true, and I understand that such information is subject to verification. I authorize and agree to take whatever steps are required to enable the County of Buchanan to obtain educational, employment, and criminal records in relation to my job application. I further agree and authorize upon receipt of a conditional offer of employment, to take whatever steps are required to enable the County of Buchanan to obtain medical records related to my job application. I also agree that if employed by the County of Buchanan, I will, as a condition of continued employment, authorize and take whatever steps are required to enable the County of Buchanan to make criminal records checks during the course of my employment. I acknowledge that any falsification of this application is grounds for disqualification. I also acknowledge that if I am employed, falsification is grounds for discipline, including dismissal.

I understand that I may be required to pass various job-related examinations in order to be considered for employment, including a physical examination and a drug test, prior to my employment being official and complete. I also understand that, if employed by the County of Buchanan, I am required to serve a probationary period during which time my performance will be evaluated, and I may be terminated if my conduct or performance is not fully satisfactory. I further understand that if employed by the County of Buchanan, I am subject to termination for reasons of: a) program revision, b) budgetary constraints, or c) a disqualifying criminal record or drug test and that I may also be dismissed for any cause at any time during the course of my employment.

Applicant's Signature: _____ **Date:** ____/____/____

NOTE: UNSIGNED APPLICATIONS MAY BE REJECTED WITHOUT FURTHER NOTICE.

Buchanan County Head Start requires two (2) reference letters.