

Please print in ink (preferably black) or use typewriter

CULPEPER SOIL AND WATER CONSERVATION DISTRICT

An Equal Opportunity Employer

Number of Attachments: _____ APPLICATION FOR EMPLOYMENT

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

1. Position applied for: _____

2. Social Security No.: _____

(One per application)

(Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Full legal name _____
Last First Middle

5. Home Phone () _____

4. Address: _____
City State Zip

6. Business Phone () _____

7. Education

A. Circle 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 Received: _____

C. Circle 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 from (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 from (mo/yr): _____ to (mo/yr): _____ Reason for leaving: _____
Full-time ___ Part-time ___ Hours/week: _____ Your name if different from present: _____

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 from (mo/yr): _____ to (mo/yr): _____ Reason for leaving: _____
Full-time ___ Part-time ___ Hours/week: _____ Your name if different from present: _____

d. List any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

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

f. Computer skills and software application proficiency (list all skills that you currently have along with an indication of the degree to which you currently can work independently) _____

g. Licenses (including driver's), certificates or other authorization to practice a trade or profession:
Type _____ License Number _____ Expiration Date _____ Granted by (licensing board) _____
Type _____ License Number _____ Expiration Date _____ 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

- a. Check which job status you would accept (specify): ___ Full-time ___ Part-time
- b. Check which employment status you'd accept ___ Salaried (benefits) ___ Hourly (no benefits) ___ Part-time salaried (leave benefits only)
- c. Are you willing to accept employment which requires you to travel? ___ No ___ Yes.
If Yes, ___ During the day only, ___ Occasionally overnight, ___ Frequently overnight.
- d. 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.
- e. Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No
- f. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ___ Yes ___ No.
If yes, list all and explain _____

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 Current Date and Original Signature

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. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the District to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____

Supplementary Experience Form

Social Security Number _____ Position Applied for _____

Name _____ Announcement Number _____

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 from (mo/yr): _____ to (mo/yr): _____ Reason for leaving: _____

Full-time _____ Part-time _____ Hours/week: _____ Your name if different from present: _____

Job Title _____ **Duties:** _____

Employer _____

Address: _____

Phone: _____

Type of business: _____

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