

COUNTY OF CAROLINE, VIRGINIA EMPLOYMENT APPLICATION

An Equal Opportunity Employer

- Please print in ink or type -

County of Caroline, Virginia County Administrator's Office P. O. Box 447 117 Ennis Street Bowling Green, Virginia 22427 (804)633-5380

www.co.caroline.va.us Position applying for:						
1 osition applying for.	(Applicant will onl	y be considere	ed for the	position noted a	bove)	
Department: Date:				· 	<u> </u>	
PERSONAL INFORMAT	ION:					
Name: \square Mr						
\square Ms.	First	Mid			Last	
Present Mailing Address: _	Straat		City		State	Zip Code
Phone Number (Day)						•
Are you a current Caroline (have you worked for Carolin		□ Yes □ No	If yes, wi	nen?		
Your name when employed by the County (If applicable)					ves currently employe	
Are you a citizen of the Uni eligible for employment in t (Anyone offered employment identification and document the U.S.) Would you work Full Tin Part Tin	he U.S.? Yes nt is required to provid ation of eligibility for an error.	No e proper employment in	1	Permanent Resi Non-citizen aut (list type of visa	☐ U. S. Nationa dent (County	law to work in the U.S
Do you have a valid drive	er's license? Yes	□ No	Comme	rcial Driver's li	cense? Yes	No
List endorsements (if any): License I.D. Number:	Ex	piration Date:]	Issuing State:	
Do you have any experier qualify you for work with	nce or skills, including	ng operation (of office	or other machi	inery, which you fee	el would especially
Have you ever been convict If yes, please explain and gi	ve dates:		☐ Yes (A convic	□ No tion does not au	violations)? utomatically eliminate	actions (moving Yes No you from employment n.)
Have you ever been fired or reason (attach additional she Have you ever been separate	asked to resign from a sets if necessary)ed from military services, give date(s) branch	ı job? □ Yes	□ No	If yes, give d	ate(s), name and addre	ess of employer and

(A firing, forced resignation or other than honorable discharge does not automatically eliminate you from employment consideration. The circumstances, time elapsed and employment record may be considered. Failure to be completely truthful and accurate about such circumstances, however, may cause you to be disqualified from employment consideration.)

Rate of pay expected per ye	ar in this posi	ition: \$					
EDUCATION HISTORY High School Attended:			Highest Grade Completed:				
Location of School: If you did not graduate from if yes, give date received:	-		ool equivalency Check one:	G	a? Yes No GED USAFI Other		
Name and Addre	SS	Years Completed?	Did you grad	uate?	Type of Degree or Certificate Received		
COLLEGE Name:							
Location:							
GRADUATE WORK Name:							
Location:							
OTHER (i.e., business, secretaria technical, military, etc.) Name:	l, vocational,						
Location:							
		E ACCEPTED ONLY WITH			THIS APPLICATION. In the employment process.)		
HISTORY: experience Describe	e. List all e your duties an luated. Acc	experience in order, standard responsibilities in each	rting with your ch position thore	present oughly s	rt-time work, military service and volunteer t or most recent position and working back. to that your experience may be thoroughly and additional sheets documenting experience if		
Dates of employment:	Name of er	me of employer:			Name and title of immediate supervisor:		
to Mo./Yr. Mo./Yr. □ Full-time □ Part-time	Full-time Part-time		<u> </u>	Reason for leaving: Starting Final			
If part-time, list hours per week: Description of duties:		Title:			Salary: Salary: Your name when employed if different from present:		
				Numb	per and titles of people you supervised:		

Dates of employment:	Name of employer:	Name and title of immediate supervisor:
Mo./Yr. to Mo./Yr.	Mailing address (including zip code):	Reason for leaving:
☐ Full-time ☐ Part-time		Starting Final Salary: Salary:
If part-time, list hours per week:	Job Title:	Your name when employed if different from present:
		Number and titles of people you supervised:
		-
Dates of employment:	Name of employer:	Name and title of immediate supervisor:
${\text{Mo./Yr.}}$ to ${\text{Mo./Yr.}}$	Mailing address (including zip code):	Reason for
□ Full-time □ Part-time		leaving: Final
If part-time, list hours		Salary: Salary:
per week: Description of duties:	Job Title:	Your name when employed if different from present:
		Number and titles of people you supervised:
		-
D (1)		N 160 Ci 150
Dates of employment:	Name of employer:	Name and title of immediate supervisor:
Mo./Yr. to Mo./Yr.	Mailing address (including zip code):	Reason for
Mo./Yr. Mo./Yr. □ Full-time □ Part-time		leaving: Final
If part-time, list hours		Salary: Salary:
per week: Description of duties:	Job Title:	Your name when employed if different from present:
		Number and titles of people you supervised:
		-
May we contact the employ		
	yers listed above?s) you do not wish us to contact:	
If not, indicate which one(s	s) you do not wish us to contact:	position for which you are applying:
If not, indicate which one(s	s) you do not wish us to contact:	

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the County of Caroline. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of Caroline County Government and will not be returned. In the case of a panel interview, which may consist of non-County employees, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon the ability to produce documentation as required by the Immigration and Naturalization Service documenting eligibility for employment.

I authorize the release of any and all job-related information that the County of employment which may now exist or in the future exist.	Caroline may request or any records pertaining to past
EMPLOYMENT AT WILL: If employed by Caroline County, I understand that may be terminated at any time.	my employment is for no definite period of time and
Signature:	Date:

The information below will It is needed for analysis and			ons and will no	ot be kept with your	application for employment.		
Check the appropriate blocks for the following: Sex: □ Male Are you disabled? □ Female		has a ph more m	DEFINITION OF DISABLED: "Disabled person" means any person w has a physical or mental impairment which substantially limits one more major life activities, has a record of such impairment or regarded as having such an impairment.				
Racial or ethnic group with which you identify: (Check ONLY One) WHITE (also includes persons of Arabian descent) BLACK (also includes Jamacians, Bahamians and other Caribbeans of African, but Hispanic or Arabian descent) HISPANIC (also includes persons of Mexican, Puerto Rican, Cuban, Central or So American or other Spanish origin or culture) ASIAN AMERICAN (also includes Pakistanis, Indians and Pacific Islanders) AMERICAN INDIAN (also includes Alaskan Natives)							
City/County of Residence:	If Caro	line, which Magisteri	al District?				
		wling Green t Royal		Madison Reedy Church	□ Mattaponi		
The following information of the most effective vinterested persons of the job the County of Caroline. Place the following as to how yemployment opportunity wi	way of informing b opportunities with lease check ONE of you learned of this	County we From a Co Telephone Cable telev Newspape Profession	unty employee d County office vision r (please list na al journal (plea	e ume) use list name)			