



Application for Employment

King William County, Virginia

King William County does not discriminate on the basis of race, sex, religion, national origin, handicapped status or veteran status in its employment practices.

Position Applied For*: _____ Date: _____

Type of Employment Preferred: (Check one in both a. and b.)

a. Full Time _____ Part Time _____

Full OR Part Time _____

b. Permanent _____ Temporary _____

Permanent OR Temporary _____

If accepted for employment, when can you begin work? _____

What is the minimum salary/wage you will accept? _____

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone: _____ (home) _____ (business)

If the position for which you are applying requires a driver's license:

a. Do you possess a valid driver's license? ____ yes ____ no

b. If yes, in what state was the license issued? _____

Do you have any physical or mental limitations which might interfere with your ability to perform the duties of the position for which you are applying? ____ yes ____ no

If yes, describe any measures which could be taken or any aids which could be provided by King William County, which in your opinion, would enable you to satisfactorily perform the duties of the position. _____

Have you ever been convicted of a felony as an adult? ____ yes ____ no

If yes, please explain: _____

(Note: Conviction will not necessarily exclude you from employment. Such factors as age at time of offence, rehabilitation efforts, recency and seriousness of the crime, immediate past employment record and relationship between offence and job requirements will be considered.)

* Please indicate specifically which position or positions you are applying for.

EDUCATIONAL BACKGROUND

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

Diploma: ____ yes ____ no

If no diploma, did you complete GED: ____ yes ____ no

Date: _____ State: _____

Schools attended other than high school:

Name	Location	Courses or major	Dates Attended	Degree

EMPLOYMENT HISTORY

The acceptance or rejection of candidates is determined to a great degree by information provided here. Incomplete data may reduce a candidate's possibility of employment. Please account for all time during the last five years.

Present or last employer: _____

Address: _____

Dates of employment (from/to): _____

Position Title: _____ Number of persons supervised: _____

Name & title of immediate supervisor: _____

Reason for leaving: _____ Final salary: _____

Brief description of duties: _____

Next previous employer: _____

Address: _____

Dates of employment (from/to): _____

Position Title: _____ Number of persons supervised: _____

Name & title of immediate supervisor: _____

Reason for leaving: _____ Final salary: _____

Brief description of duties: _____

Next previous employer: _____
 Address: _____
 Dates of employment (from/to): _____
 Position Title: _____ Number of persons supervised: _____
 Name & title of immediate supervisor: _____
 Reason for leaving: _____ Final salary: _____
 Brief description of duties: _____

Next previous employer: _____
 Address: _____
 Dates of employment (from/to): _____
 Position Title: _____ Number of persons supervised: _____
 Name & title of immediate supervisor: _____
 Reason for leaving: _____ Final salary: _____
 Brief description of duties: _____

May we contact your present employer? _____ yes _____ no

REFERENCES

Please give all information requested below for three persons other than former employers, relatives, county employees or officials who are familiar with your qualifications for employment.

Name	Address	Occupation	Telephone number

Use the space below to provide any additional information which you feel may clarify your qualifications for this position. _____

I hereby certify that the foregoing information given by me is true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions on this application will be considered sufficient cause to disqualify me for employment, either prior to or after hiring. I authorize the verification of the information presented in this application and the performance background investigation by the King William County Sheriff's Department in connection with this application if deemed necessary or advisable by the County Administrator. This investigation may include information from the Department of Motor Vehicles, Federal Bureau of Investigation, Central Criminal Records Exchange, United States Military Services and other police agencies. I further authorize any persons, firms or governmental agencies to furnish any pertinent information in their possession to King William County without liability.

Date: _____ Signature: _____

FOR COUNTY USE ONLY

Invited to interview: _____ yes _____ no

If no, reasons: _____

Date interviewed: _____

Name(s) of interviewer(s): _____

Candidate's strengths: _____

Candidate's weaknesses: _____

Employment offer made: _____ yes _____ no

Comments: _____

PLEASE RETURN APPLICATION FORM TO:

County Administrator's Office

King William County

P.O. Box 215

King William, VA 23086

If you have any questions, please call the County Administrator's office at 804-769-4927.