

# APPLICATION FOR EMPLOYMENT

## County of Smyth Marion, Virginia

Title: Mr.  Mrs.  Ms.  Miss

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
No. and Street City State Zip

POSITION(S) APPLIED FOR \_\_\_\_\_ RATE OF PAY EXPECTED \$ \_\_\_\_\_

WOULD YOU WORK FULL-TIME  PART-TIME  SPECIFY DAYS AND HOURS IF PART-TIME \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

Are you a citizen of the United States and eligible for employment as such? Yes  No

WERE YOU PREVIOUSLY EMPLOYED BY SMYTH COUNTY? Yes  No  IF YES, WHEN \_\_\_\_\_

LIST ANY RELATIVES WORKING FOR SMYTH COUNTY \_\_\_\_\_

WHAT DATE ARE YOU AVAILABLE TO BEGIN WRK \_\_\_\_\_

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH SMYTH COUNTY?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check last year Completed				Did you Graduate	List Diploma or Degree
High School			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**List below all present and past employment beginning with your most recent**

1. Dates of Employment From:                      To:		Job Title:	Number of Persons Supervised:0	
Start Salary:	End Salary:	Name of Supervisor:		Telephone:
Name and Address of Business Employer:				
Reason for Leaving:				
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?		
Description of Duties:				
2. Dates of Employment From:                      To:		Job Title:	Number of Persons Supervised:0	
Start Salary:	End Salary:	Name of Supervisor:		Telephone:
Name and Address of Business Employer:				
Reason for Leaving:				
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?		
Description of Duties:				
3. Dates of Employment From:                      To:		Job Title:	Number of Persons Supervised:0	
Start Salary:	End Salary:	Name of Supervisor:		Telephone:
Name and Address of Business Employer:				
Reason for Leaving:				
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?		
Description of Duties:				

4. Dates of Employment From: _____ To: _____		Job Title:	Number of Persons Supervised:
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?	
Description of Duties:			
5. Dates of Employment From: _____ To: _____		Job Title:	Number of Persons Supervised:
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?	
Description of Duties:			
6. Dates of Employment From: _____ To: _____		Job Title:	Number of Persons Supervised:
Start Salary:	End Salary:	Name of Supervisor:	Telephone:
Name and Address of Business Employer:			
Reason for Leaving:			
May we contact this employer? Yes <input type="checkbox"/>		If no, why not?	
Description of Duties:			

