



**Henry County /**  
**Henry County Public Service Authority**  
 P. O. Box 7  
 Collinsville, VA 24078  
 www.henrycountyva.gov



**Application for Employment**

Please print in ink (preferably black) or use typewriter

Employees of the County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filing out this application may be obtained by a Human Resources Representative.

**Position applied for** \_\_\_\_\_ **Date of application** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
                     **LAST**                                      **FIRST**                                      **MIDDLE**

**Address** \_\_\_\_\_  
                                     **STREET**                                      **CITY**                                      **STATE**                                      **ZIP CODE**

**Home Phone** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Business Phone** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Mobile** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address** \_\_\_\_\_

If you are under age 18, and it is required, can you furnish a work permit?  YES  NO  
 If no, please explain.

Have you ever been employed here before?  YES  NO  
 If yes, please give dates and positions.

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the US?  YES  NO

*(Under the Immigration Reform and Control Act of 1986, upon employment you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. In addition, you will be required to provide documentation to that effect.)*

**Date Available for Work** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Desired Salary Range \$** \_\_\_\_\_

**Job status you are willing to accept:**  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Have you ever been convicted of any law violations, including moving traffic violations, since you turned 18?  YES  NO  
 If yes, please provide date(s) and details \_\_\_\_\_

*(Note: Answering yes to this question does not prohibit employment consideration. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.)*

**Driver's License Number if driving is an essential job function** \_\_\_\_\_ **State** \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF INSTITUTION	# YEARS COMPLETED	DEGREE RECEIVED H.S. EQUIVALENCY DIPLOMA – YES/NO	MAJOR
High School			
College			
Other			

**SKILLS AND QUALIFICATIONS**

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with the **most recent**, describe ALL paid, military and applicable volunteer experience, accounting for all periods of unemployment. Use additional paper if necessary. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

EMPLOYER	TELEPHONE	FROM	TO
ADDRESS		STARTING JOB TITLE/FINAL JOB TITLE	
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES            NO            LATER	
HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		REASON FOR LEAVING	
EMPLOYER	TELEPHONE	FROM	TO
ADDRESS		STARTING JOB TITLE/FINAL JOB TITLE	
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES            NO            LATER	
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EMPLOYER	TELEPHONE	FROM	TO
ADDRESS		STARTING JOB TITLE/FINAL JOB TITLE	
SUMMARIZE THE NATURE OF WORK PERFORMED/JOB RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE	
		MAY WE CONTACT FOR REFERENCE? YES            NO            LATER	
HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		REASON FOR LEAVING	

**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Address	Phone	Relationship

**CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all information provided on this application is true and complete, and I understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of employment, that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application, that only information pertinent to the position for which I am applying will be considered in making an employment decision, and that this application remains current for only 30 days. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract, and that any employment offered is for an indefinite duration and at will.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**EQUAL EMPLOYMENT OPPORTUNITY DATA**

*Statistical Information (Optional)*

**Individual Applying for Employment**

To ensure equal opportunity in its hiring practices, the County of Henry is asking you to help monitor the effectiveness of our program by completing the information below. The completion of this form is voluntary and the information will not be used for employment purposes. Your responses will be used for statistical purposes only and will be kept in a confidential file, separate from the employment application. Please **do not** put your name on this form.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal government, acting through Rural Development of UDSA, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. It is for monitoring purposes only. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

RACE  White  Black  Hispanic  American Indian/Alaskan Native  
 Asian/Pacific Islander  Other

SEX  Male  Female

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO DAY YR

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_