Number of attachments _____
Position number 2200

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment

Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth 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 filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ (one per application)
2. Agency Colonial SWCD
3. Social Security No. _____

(Note: Completion of number three 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.)

4. Full legal name _____ (Last First Middle)
5. Address _____
   _____ (City State Zip)
6. Home Phone ( )
7. Business Phone ( )
8. E-mail Address _____

9. **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: _____

10. **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 _____
Date (start) _____ to _____
(mo/yr) _____ (mo/yr) _____
Full-time ____ Part-time ____ Hours/week ____
Number and titles of employees you supervised _____
Equipment/software used _____
Reason for leaving _____
Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Dates (start) _____ to _____
(mo/yr) _____ (mo/yr) _____
Full-time ____ Part-time ____ Hours/week ____
Number and titles of employees you supervised _____
Equipment/software used _____
Reason for leaving _____
Your name if different from present _____

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

_____

_____

_____

d. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

11. **REFERENCES**

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

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends Specify shift hours _____

b. Check which job status you would accept: ___ Full-time ___ Part-time (specify) _____

c. Check which employment status you'd accept: ___ Salaried (benefits) ___ Hourly (No benefits) ___ Part-time salaried (leave benefits only)

d. Are you willing to accept employment which requires you to travel? ___ No ___ Yes. If yes, ___ During the day only, ___ Occasionally overnight, ___ Frequently overnight.

e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____

_____

f. 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.

g. Are you willing to provide your own transportation if necessary for your employment? ___Yes ___No.

h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who was required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so?___Yes___No.
If no, state reason:

_____

_____

i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? ___Yes ___No.
If yes, did you serve during the Vietnam Conflict (2/28/61 - 3/7/75)? ___Yes ___ No.

j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? ___ YES ___ NO. If YES, please provide the following:
Description of offense: _____
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City and State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. 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.

14. **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 of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature**_____

Position applied for: _____
Position number: ____2200_____

How did you find out about this employment opportunity?

____ Newspaper*
____ Radio/TV*
____ Virginia Employment Commission
____ Department of Human Resource Management web page
____ State RECRUIT system
____ Agency web page
____ Local Library
____ Other (please specify)
_____

* specify name of newspaper or other media
_____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This optional information will **NOT** be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

____ White (includes Arabian)
____ Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
____ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
____ Asian or Asian American (includes Pakistanis, Indians, and Pacific Islanders)
____ American Indian (includes Alaskans)

Check the appropriate block:

____ Female
____ Male

Please indicate your date of birth: _____/_____/_____

FOR OFFICE USE ONLY
EEO Category: _____

Attachment Number_____

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
Name _____ Announcement Number _____

Job Title_____ **Duties** _____
Employer _____
Address _____
_____ Phone_____
Type of business _____
Immediate supervisor _____
Title _____
Dates (start) _____ to _____
(mo/yr) _____ (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

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Employer _____
Address _____
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