

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position Applied for: _____ Date of Application _____

How did you learn about us?

___ Advertisement ___ Friend ___ Walk-in
___ Employment agency ___ Relative ___ Other _____

Last Name First Name Middle Name

Address Number Street City State Zip Code

Telephone Number Social Security Number

If you are under 18 years of age, can you provide required proof of eligibility to work? ___ yes ___ no

Have you ever filled an application with us before? If yes, give date _____ ___ yes ___ no

Have you ever been employed with us before? If yes, give date _____ ___ yes ___ no

Are you currently employed? ___ yes ___ no

May we contact your present employer? ___ yes ___ no

Are you prevented from lawfully becoming employed in this country because
Of Visa or Immigration Status? (proof of citizenship or immigration status
Will be required upon employment) ___ yes ___ no

On what date would you be available for work? _____

Are you available to work: ___ Full time ___ Part time ___ Shift work ___ Temporary

Are You currently on "lay-off" status and subject to recall? ___ yes ___ no

Can you travel if a job requires it? ___ yes ___ no

Have you been convicted of a felony within the last 7 years? ___ yes ___ no
Conviction will not necessarily disqualify an applicant from employment.

EDUCATION

	ELEMENTARY	HIGH SCHOOL	UNDERGRAD COLLEGE/UNIV	GRADUATE/ PROFESSIONAL
School Name & Loc				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe course of study				
Describe any specialized training, apprenticeship skills, and extra-curricular activities				
Describe any honors you have received.				
State any additional information you feel may be helpful in considering your application				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and officer held.
 (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

References

Give name, address, and telephone number of 3 references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United State military?
If yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Dates Employed From To	Work Performed
Address	Telephone Number	
Job Title / Supervisor	Hourly Rate / Salary	
Reason for leaving		
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If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such in writing.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____

Notes: _____

RETURN THIS FORM WITH YOUR EMPLOYMENT APPLICATION

I _____ do hereby authorize the Louisa County Sheriff's Office or its agents, employees, or designees therein, to perform a background check or investigation of my personal history, should they deem necessary for the consideration of my application for that department.

In addition, I give my consent to have the Louisa County Sheriff's Office perform any inquest they may deem necessary, which may include contacting previous employers, associates, clergy officials, and educational instructors, but not limited to them, and conferring with them; and I authorize the Louisa County Sheriff's Office to perform a criminal background check with any local, state, or federal agency as they would feel necessary to satisfy a check of this nature.

Signed this _____ day of _____, 20____
