Orange County
Employment Application Telephone:
(540) 672-3313 ext. 511
Fax: (540) 672-1679
ww.orangecova.com

County Administrator's Office
112 West Main Street
PO Box 111
Orange, VA 22960

Orange County does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or provision of services.

Instructions: Please type or print legibly using ink. Read the position announcement before filling out this application. We accept applications only for positions which we are currently recruiting. Applications must be submitted to the County Administrator's Office by the position closing time and date advertised. Applications must be complete and signed. You may attach a resume to a completed County application; however, a resume is not a substitute for this application. You may request any needed reasonable accommodation to participate in the application process. Employment decisions shall be made in accordance with all applicable laws.

Position Applying For: _____ **Date:** _____

PERSONAL

Full Legal Name: _____

Street, City, State, Zip: _____

Telephone: (H) _____ (W) _____ E-mail address (optional) _____

EDUCATION & TRAINING

High School Name & Location: _____

Diploma/Degree: _____

College Name & Location: _____

Diploma/Degree: _____

Describe any trade school, specialized training, apprenticeship, skills, civic and/or extra-curricular activities, and graduate studies:

_____

_____

Date you can start _____ Salary desired _____

EXPERIENCE

List below your 3 previous employers beginning with the most recent:

From: _____ to _____ Employer Name: _____

Address: _____

Hours per week: _____ Beginning Pay _____ Ending Pay _____

Your title: _____ Immediate Supervisor _____ Phone: _____

Describe your duties: _____

Reason for leaving: _____

May we ask your present employer about you? _____ Yes _____ No

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From: _____ to _____ Employer Name: _____

Address: _____

Hours per week: _____ Beginning Pay _____ Ending Pay _____

Your title: _____ Immediate Supervisor _____ Phone: _____

Describe your duties: _____

Reason for leaving: _____

May we ask your present employer about you? _____ Yes _____ No

EXPERIENCE (Continued)

From: _____ to _____ Employer Name: _____

Address: _____

Hours per week: _____ Beginning Pay _____ Ending Pay _____

Your title: _____ Immediate Supervisor _____ Phone: _____

Describe your duties: _____

Reason for leaving: _____

May we ask your present employer about you? _____ Yes _____ No

REFERENCES

List persons, other than relatives or former supervisors, who know your qualifications and/ or your character.

Name: _____ Address: _____

Relationship: _____ Phone: (W) _____ (H) _____

Name: _____ Address: _____

Relationship: _____ Phone: (W) _____ (H) _____

Name: _____ Address: _____

Relationship: _____ Phone: (W) _____ (H) _____

GENERAL INFORMATION

Have you ever worked for Orange County? No - Yes - If so, when and in what capacity? _____

_____

Can you perform the essential duties of the position including attendance requirements with or without accommodations?
Yes - No - If no, please explain: _____

Are you eligible for employment in the US under the Immigration Reform and Control Act? Yes _____ No _____

If under 18, can you provide required proof of your eligibility to work? Yes _____ No _____

Do you have a valid VA Driver's License? - Yes - No. Valid VA Commercial Driver's License? – Yes _____ No _____

List and attach photocopies of all your certifications required for the position:

If you are an experienced operator of any business machines, computers, tools or heavy equipment, tell us: _____

_____

Have you ever been convicted of a crime? Yes _____ No _____ . Have you ever been convicted of Driving While Intoxicated or Driving Under the Influence? Yes _____ No _____. A conviction does not automatically mean that you cannot be employed. The nature and date of the offense will be considered. Please supply your Social Security number and the court date, offense and sentence for each conviction.

Do you have any relatives that are employed by Orange County? Yes___No____If yes, please list their names:_____

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IN YOUR OWN HANDWRITING, PLEASE ATTACH 1/2 PAGE LETTER STATING WHY YOU THINK YOU ARE QUALIFIED FOR THIS JOB.

I hereby certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me or for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I authorize you to contact my former employers, schools and references. I release all employers, firms, schools and individuals of any and all liability for release of the information. My signature authorizes drug screening, investigative reports, criminal records checks and a post-offer physical examination if required by the position. I understand that this employment application is not an employment contract and, if employed, my employment with the County is at will and may be terminated at any time and for any reason, stated or unstated.

Signed: _____ Date: _____
(Unsigned applications may be rejected without further notice)

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