



EMPLOYMENT APPLICATION FOR PITTSYLVANIA COUNTY
OFFICE OF THE COUNTY ADMINISTRATOR

21 North Main Street, Chatham, VA

Mailing Address: PO Box 426, Chatham, VA 24531

Telephone: Chatham (434) 432-7700; Danville 797-9550; Gretna 656-6211

Fax: (434) 432-7714

Web Site Address: www.pittgov.org

Pittsylvania 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 job announcement before filling out this application when submitting for an advertised position. Applications must be submitted to the Office of the County Administrator by the close of the business day recruitment for the position ends, where applicable. Applications must be completed and signed. You may attach a resume to a completed County application; however a resume is not a substitute for this application.

Position Applying For: _____	Date: _____
Full Legal Name: _____	
Street, City, State, Zip: _____	
Telephone: (Home) _____	(Work) _____

Education and Training
High School Name and Location: _____
Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
College Name and Location: _____
Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____
Describe any specialized training, apprenticeship, skills, extra-circular activities and graduate studies: _____

Experience
<i>List below your 4 previous employers beginning with the <u>most recent</u>:</i>
From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
Your Title: _____ Immediate supervisor: _____ Phone _____
Describe your duties: _____
Reason for leaving: _____

From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
Your Title: _____ Immediate supervisor: _____ Phone _____
Describe your duties: _____
Reason for leaving: _____

From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
Your Title: _____ Immediate supervisor: _____ Phone _____
Describe your duties: _____
Reason for leaving: _____

From: _____ To: _____ Employer Name: _____
 Address: _____
 Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
 Your Title: _____ Immediate supervisor: _____ Phone _____
 Describe your duties: _____

 Reason for leaving: _____

References
List person, other than relatives or former supervisors, who know your qualifications and/or your character:

Name: _____ Relationship: _____
 Address: _____ Telephone: (H) _____ (W) _____

Name: _____ Relationship: _____
 Address: _____ Telephone: (H) _____ (W) _____

Name: _____ Relationship: _____
 Address: _____ Telephone: (H) _____ (W) _____

General Information
 Have you ever worked for Pittsylvania County? Yes No
 If so, when and in what capacity? _____
 Can you perform the essential duties of the position without an accommodation?
 Yes No If no, please explain: _____
 Are you eligible for employment in the U.S. 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 Driver's License? Yes No
 Do you have a valid Commercial Driver's License? Yes No If so, what state? _____
 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:

 Can you meet the attendance requirement of this job? Yes No
 Indicate if you can work shift work: Regular Shifts? _____ Yes No
 Irregular Shifts? _____ Yes No
 Have you ever been convicted of a felony? 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, the court, date, offense and sentence for each conviction. _____

 May we ask your present employer about you? Yes No

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 this information. My signature authorizes drug screening, investigative reports, criminal record checks and 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 or no stated reason.

Signed: _____ Date: _____