



On the Sunrise Side of the Blue Ridge.

Nelson County is an equal opportunity employer. We consider applicants for all positions without regard to race, age, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Application for Employment

Personal Information

Last Name		First Name		M.I.
Street Address				Apt #
City		State	Zip	
Phone		Email		
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, you are authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for Nelson County, VA? Yes <input type="checkbox"/> No <input type="checkbox"/>			Can you travel if a job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position

Position Applying For:		Available Start Date
Desired work?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/>

Education

Education Level (select all that apply):				
High School Diploma/G.E.D. <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>				
School Name	Location	Dates Attended	Degree Received	Major

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Company		Phone
Street Address, City, St, Zip		Supervisor
Job Title		
Responsibilities		
From	To	
Reason For Leaving		
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone
Street Address, City, St, Zip		Supervisor
Job Title		
Responsibilities		
From	To	
Reason For Leaving		
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone
Street Address, City, St, Zip		Supervisor
Job Title		
Responsibilities		
From	To	
Reason For Leaving		
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Specialized Skills

Language Skills: Spoken

Written

Trades/Maintenance Skills

Technical Skills

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, software programs, and specialized skills.

List professional, trade, business, volunteers experience or civic activities.

Personal References

Name	Relationship	Company	Phone	Email

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 this application for employment a may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 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 such change is specifically acknowledged in writing by an authorized executive of this organization. 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

PLEASE EMAIL COMPLETED APPLICATION TO
JUDY SERAPHIN
jseraphin@nelsoncounty.org