

Metropolitan Lynchburg / Moore County

Application for Employment

JOB APPLIED FOR

DATE

NAME

Are you 18 or older YES NO

FIRST

MIDDLE

LAST

ADDRESS

STREET

CITY

STATE

ZIP

How long at this address?

PHONE

EMAIL

Are you seeking:

Full Time

Part Time

When could you start work

Ever Worked for the County before?

YES NO

If Yes, what Position?

If hired will you be able to provide Social Security # and proof you are eligible to work in the U.S.?

YES NO

Do you have a Valid Driver's License?

YES NO

License #

State
issued

Class of License

If needed for this position would you be willing to obtain CDL?

YES NO

Have you had your Driver's license suspended or Revoked in the last 3 years?

YES NO

If yes, Please Provide
Details on Back

Have you ever been convicted of, or entered a plea of guilty, no contest, or
had a withheld judgment to a felony?

YES NO

If yes, Please Provide
Details on Back

LIST NAME, CITY AND STATE OF SCHOOLS, NUMBER OF YEARS ATTENDED, DIPLOMA, DEGREE OR CERTIFICATE

HIGH SCHOOL OR GED

COLLEGE OR UNIVERSITY

VOCATIONAL OR TECHNICAL

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

Any experience on a computer for record or time keeping?

Name, relation and phone for EMERGENCY CONTACT

EMPLOYMENT HISTORY - PLEASE LIST FROM CURRENT OR MOST CURRENT BACK

Name of Employer	JOB TITLE & DUTIES
Address	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
City, State, Zip	PAY: START \$ FINAL \$
Supervisor Phone	REASON FOR LEAVING:

Name of Employer	JOB TITLE & DUTIES
Address	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
City, State, Zip	PAY: START \$ FINAL \$
Supervisor Phone	REASON FOR LEAVING:

Name of Employer	JOB TITLE & DUTIES
Address	DATES OF EMPLOYMENT (MO/YR) FROM: TO:
City, State, Zip	PAY: START \$ FINAL \$
Supervisor Phone	REASON FOR LEAVING:

Have you worked or attended school under any other name(s)? If yes - Please provide YES NO

Have you ever been fired or asked to resign? If yes - Please explain YES NO

MILITARY SERVICE

BRANCH FROM: TO:

RANK AT DISCHARGE TYPE OF DISCHARGE

IF OTHER THAN HONORABLE, EXPLAIN:

Are you a member of the National Guard? FROM: TO:

PERSONAL REFERENCES No Relatives or Former Employers

Name City, State Phone

Name City, State Phone

Metropolitan Lynchburg / Moore County is An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

I understand and agree that I may be required to take one or more:

Physical examination or Drug Test as a condition of hiring or continued employment. I agree to consent to take such test at such times as designated and to release the director, officers, agents and employees from any claim arising in connection with the use of such test.

SIGNATURE

DATE

I certify that all information provided in this employment application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Metropolitan Lynchburg / Moore County (Metro) rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or Metro's option.

SIGNATURE

DATE

BELOW FOR OFFICE USE ONLY