

STAFFORD COUNTY  
APPLICATION FOR EMPLOYMENT  
*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

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

**(PLEASE PRINT OR TYPE)**

Position(s) Applied for	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Website <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

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

Have you every filed an application with us before?       Yes       No  
 If yes, give date(s) \_\_\_\_\_

Have you ever been employed with us before?       Yes       No  
 If yes, give date(s) \_\_\_\_\_

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 no necessarily disqualify an applicant for employment*

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree ?
Elementary School				
High School				
Undergraduate / College				
Graduate / Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra curricular activities.
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Describe any job-related training received in the United States Military.
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## 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, disabilities or other protected status.

<b>1</b>	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
<b>2</b>	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
<b>3</b>	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
<b>4</b>	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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## ADDITIONAL INFORMATION

### Other Qualifications

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

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### SPECIALIZED SKILLS

### Check Skills/Equipment Operated

 CRT

 PC

 Calculator

 Typewriter

 Fax

 Lotus 1-2-3

 PBX System

 MS Office

Production / Mobile  
Machinery (list):

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Other (list):

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State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation(s), the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

### REFERENCES

1.	( )			
	NAME		PHONE #	
	ADDRESS	CITY	ST	ZIP
2.	( )			
	NAME		PHONE #	
	ADDRESS	CITY	ST	ZIP
3.	( )			
	NAME		PHONE #	
	ADDRESS	CITY	ST	ZIP

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE