## **APPLICATION FOR EMPLOYMENT**

## **Greensville County Sheriff's Office**

174 Uriah Branch Way Emporia, VA 23847 434-348-4200 - Phone 434-634-9615 - Fax

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.

Date of Application:	Position Applied For:
Name: (Last) (First)	(Middle)
Address:	
Telephone Numbers:	
Date of Birth:	Social Security Number:
Have you ever applied with us before?	If Yes, Date:
Have you ever been employed with us before? _	If Yes, Date:
Are you currently employed?	
May we contact your present employer?	
What is your desired salary (approximate)?	<b>\$</b>
On what date would you be available for work? _	
Are you available to work (check all that apply):	Full Time Part Time Shift Work
Are you currently on "lay-off" status and subject	to recall?
Can you travel if a job requires it?	
Do you have any physical limitations that preven being considered? If Yes, please expenses the provided of the prevention of the pre	nt you from performing any work for which you are plain:
Do you have any prior military service? Are you presently a member in National Guard o	

## **EDUCATION**

	Name and address of School	Course of Study	Date Completed	Diploma / Degree
High				
School				
Undergraduate				
College				
Graduate				
Professional				
Other				
Other				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience	
The state of the special job related skins and quantitations adquired from employment of other experience	

License (to include drivers), certificate or other authorization to practice a trade or profession:

Туре	License Number	Granted By (license board)

## **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 statuses. (If you need additional space, please continue on a separate sheet of paper.)

Employer:	
Address:	Telephone:
Dates Employed: (From)	(To)
Job Title:	Supervisor:
Hourly Rate/Salary: (From) \$	(To) \$
Work Performed:	
Reason for Leaving:	
********	**********
Employer:	
Address:	Telephone:
Dates Employed: (From)	(To)
Job Title:	Supervisor:
Hourly Rate/Salary: (From) \$	(To) \$
Work Performed:	
Reason for Leaving:	
**************************************	**********
Address:	Telephone:
Dates Employed: (From)	(To)
Job Title:	Supervisor:
Hourly Rate/Salary: (From) \$	(To) \$
Work Performed:	
Reason for Leaving:	

	**************************************	e required proof of your eligibility to work?
-	ou prevented from lawfully becoming emp	loyed in this country because of Visa or Immigration
****	**********	*******
	ERENCES	
1.	Name:	Phone:
	Address:	
	Acquainted As:	Years Acquainted:
2.	Name:	Phone:
	Address:	
	Acquainted As:	Years Acquainted:
3.	Name:	Phone:
	Address:	
	Acquainted As:	
	**************************************	********
I certi	ify that answers given herein are true and com	plete to the best of my knowledge.
	norize investigation of all statements contained ng at an employment decision.	I in this application for employment as may be necessary in
applic		I active for a period of time not to exceed 45 days. Any beyond this time period should inquire as to whether or not
relation time this "a	onship with this organization is of an "at will" n and the Employer may discharge Employee at a	otherwise defined by applicable law, any employment ature, which means that the Employee may resign at any any time with or without cause. It is further understood that nanged by any written document or by conduct unless such authorized executive of this organization.
interv		or misleading information given in my application or ilso that I am required to abide by all rules and regulations
Signa	ature of Applicant:	Date: