



EMPLOYMENT APPLICATION

COUNTY OF APPOMATTOX
153A Morton Lane; P. O. Box 863
Appomattox, Virginia 24522

Appomattox County is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment in any manner as prescribed by law.

Name: _____ SS #: _____
Last First Middle

Address: _____ Phone #: _____

_____ Alt. Phone: _____
City State Zip

EMPLOYMENT HISTORY, EDUCATION, and EXPERIENCE HISTORY

***Please attach a copy of your resume to include current and previous employment, education, professional certifications, experience, etc.**

Highlight your knowledge, skills and abilities which best demonstrate your qualifications for the position of _____ (list position applying for).

Do you have a non-solicitation or non-compete agreement with any prior employer? (Y) _____ (N) _____

Have you filed an application with this County before? If yes, give date: _____

May we contact your present employer? (Y) _____ (N) _____

Do you have a relative working with the County? (Y) _____ (N) _____

Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your 18th birthday, which were finally adjudicated in a Juvenile Court or under a Youth Offender Law? (Y) _____ (N) _____

If you answered "Yes" to the question above, please explain. _____

_____.

If offered employment, please provide the date that you would be available to start to work: _____

Additional Comments: _____

Please list names and addresses of three persons (not relatives or former employers) who know your qualifications or who know your character.

Name	Relationship & Contact Number
Name	Relationship & Contact Number
Name	Relationship & Contact Number

NOTICE TO APPLICANTS

Appomattox County (the County) is an equal employment opportunity employer. We adhere to policy of making employment decisions without regard to race, color, religion, national origin, sex, age, disability, pregnancy, veteran status or other status protected by law.

The contents of any employee handbook, policies and procedures, or benefits offered to eligible, full time or part-time, regular employees are subject to amendment, alteration, or abolishment of any or all of these policies and benefits as circumstances warrant with or without advance notice to employees, other than as may be required by law.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the County and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the County.

Signature: _____ Date: _____

APPLICANT'S STATEMENT

If I am offered and accept employment with Appomattox County, I understand that my employment is at-will and that as such the County and I each remain free to terminate our employment relationship, with or without advance notice for any reason or for no reason at all. I further understand that an oral promise, policy, custom, business practice or other procedure (including an employee handbook or employment related material) does not constitute an employment contract or modification of the at-will employment relationship between the employer and myself. Only the Administrator of the County has authority to modify the at-will nature of employment or to modify any policy. Any such modification to the at-will status must be in writing as an express amendment to the at-will policy and signed by the Administrator in order to be enforceable.

I have read, understand, and agree to adhere by the policies as set forth in this application and other employment related materials in the event I am offered employment.

Should I be offered employment I understand that my employment will be contingent upon the satisfactory completion and maintenance of all contingencies required for the position.

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

Furthermore, I authorize the investigation of all matters contained in this application and my attached resume and hereby give permission for you to contact schools, previous employers, licensing agencies, references, and others in order to verify the facts and information furnished with regard to my character, qualifications, and hereby release and indemnify the County, its officers, directors and agents, and authorized representatives from any claims or liability as a result of such contact.

Date

Printed Name

Signature