

# King George County

10459 Courthouse Drive, Ste 200  
King George, Virginia 22485



In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. A resume is not required, but may be attached as a supplement.

Applications will remain active for 3 months from date of application.

**APPLICANTS MUST SIGN LAST PAGE**

Position(s) Desired

Date:

## PERSONAL INFORMATION

Last Name	First Name	Middle Name	
-----------	------------	-------------	--

Present Mailing Address (Street or P.O. Box , City, State and Zip Code)

Telephone Numbers			
Home:	Business:	Alt#:	

Do you have relatives employed at King George? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you worked for this County in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> Department
What Department?	Name when employed:

Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Chauffeur's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
Drivers License #:	Chauffeur's License #:
Issuing State:	Expiration Date:

Have you ever been convicted of a felony? Yes  No   
If yes, state name of offense, date, location and explain.

Are you legally eligible for employment in the U.S.A.? Yes  No   
In yes, indicate place of Birth:

## U.S. MILITARY RECORD

Service Branch	Date Entered	Date Discharged	Initial Rank	Final Rank
----------------	--------------	-----------------	--------------	------------

Briefly describe your military duties:

List any special training or skills received:

Any special commendations or recognition?

Are you a member of the Active Reserve? Yes  No   
If yes, which branch:

**EDUCATION HISTORY**

Name and location of last Elementary, Junior High, or High School attended

Name	Highest Grade Completed	If you did not graduate from High School, do you have a high school equivalency diploma?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/> Date Received

Location	Dates Attended		Mo./Yr. Of Degree or Certificate	Type of Degree or Certificate	Major/Minor Fields Of Study
	From Mo/Yr	To Mo/Yr			
Undergraduate Work					
Graduate Work					

Other (i.e. Business, Secretarial, Vocational, Technical, Military, etc.)

Please list Professional Memberships, Certifications, Licenses, Honors, Fellowships, etc.:

**SKILLS**

List kinds of equipment you can operate and any additional skills you have.

**EMPLOYMENT AND VOLUNTEER HISTORY (Indicate those employees you do not wish to be contacted)**

Include Military (M), Full (FT), Part-time (PT), Temporary/Seasonal (TS) and Volunteer Service (VS). This information will be used to evaluate your experience with the qualifications required for the position applied for and should be complete and accurate. Resume may be attached for additional information but will not be used to evaluate your qualifications. Indicate reason for leaving employment (i.e. resigned, dismissed, temporary work completed).

**LIST PRESENT OR LAST EMPLOYER FIRST**

Job Title:	Employer:	Dates Employed: From: _____ To: _____
Supervisor:	Address:	Telephone Number:
Salary: Start: _____ Final: _____	Per: Per: _____	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>
Description of Duties:		
Reason for Leaving:		

Job Title:	Employer:	Dates Employed: From: _____ To: _____
Supervisor:	Address:	Telephone Number:

Salary: Start: Final:	Per: Per:	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>
Description of Duties:		
Reason for Leaving:		
Job Title:	Employer:	Dates Employed: From:                      To:
Supervisor:	Address:	Telephone Number:
Salary: Start: Final:	Per: Per:	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>
Description of Duties:		
Reason for Leaving:		
Job Title:	Employer:	Dates Employed: From:                      To:
Supervisor:	Address:	Telephone Number:
Salary: Start: Final:	Per: Per:	Job Status: M <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> TS <input type="checkbox"/> VS <input type="checkbox"/>
Description of Duties:		
Reason for Leaving:		

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by King George County, and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment, and I agree to hold King George County and persons herein blameless in that event.

If employment is obtained under application I will comply with all rules and regulations of King George County. I agree to be responsible for County property and equipment issued me by the County. Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary, be terminated at any time by the County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date