



How did you hear about us? Please list specific source/name:

POSITION APPLIED FOR: _____

DATE SUBMITTED: _____

NAME: _____

EMAIL: _____

Last

First

M. I.

STREET ADDRESS: _____

DAYTIME PHONE: _____

CITY/STATE/ZIP CODE: _____

EMPLOYMENT RELATED DATA

1. Are you over the age of 18 years? (If no, you may be required to provide authorization to work): **Yes** _____ **No** _____
2. Are you legally eligible for employment in the U.S.? (Verification may be required upon employment): **Yes** _____ **No** _____
3. Have you worked for the Authority in the past? **Yes** _____ **No** _____ *If yes, please give position and dates of employment:*

4. Do you have any relatives currently employed by the Authority? **Yes** _____ **No** _____
If yes, please list employee(s) name and position/department: _____
5. Do you have a valid driver's license? **Yes** _____ **No** _____ If yes: **Issuing State:** _____ **Lic #:** _____

*****If the position for which you are applying requires operation of a motor vehicle, the ACSA will obtain your driving records from the Virginia Department of Motor Vehicles; if your license is from another State you will be required to provide same. Your signature below authorizes the ACSA to obtain this information in consideration of employment.***

Note: Albemarle County Service Authority is an Equal Opportunity Employer. It is the policy of this organization to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual orientation, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law .

EDUCATIONAL INFORMATION

High School: _____

Diploma: Yes _____ No _____

City/ State: _____

Undergraduate: _____

Degree: Yes _____ No _____

City/ State: _____

Major/Field of Study: _____

Graduate: _____

Degree: Yes _____ No _____

City/State: _____

Major/Field of Study: _____

Business/Trade School: _____

Degree/ Certificate: Yes _____ No _____

City/State: _____

Field of Study: _____

Certifications:

Have you completed any special courses, seminars and/or training related to the position for which you are applying?

Yes _____ No _____ *If yes, please describe in full:*

WORK HISTORY

Please list work history beginning with the most current employment first:

1. Employer: _____ City/State: _____

Name of Supervisor: _____ Phone Number: _____

Position(s) Held: _____ Dates Employed: _____

Principal Duties:

Reason for leaving: _____

2. Employer: _____ City/State: _____

Name of Supervisor: _____ Phone Number: _____

Position(s) Held: _____ Dates Employed: _____

Principal Duties:

Reason for leaving: _____

3. Employer: _____ City/State: _____

Name of Supervisor: _____ Phone Number: _____

Position(s) Held: _____ Dates Employed: _____

Principal Duties:

Reason for leaving: _____

Please indicate any employers listed above that you do NOT wish to be contacted:

Please list any additional work history on next page of application, in the space provided for additional information

REFERENCES

List three people, unrelated to you, who know you well and have agreed to provide references:

1. Professional Reference *(required)*

Name: _____ Phone Number: _____

Occupation: _____ Email: _____

Describe how this person knows you _____

2. Professional Reference *(required)*

Name: _____ Phone Number: _____

Occupation: _____ Email: _____

Describe how this person knows you _____

3. Personal Reference *(required)*

Name: _____ Phone Number: _____

Occupation: _____ Email: _____

Describe how this person knows you _____

If you believe that we need additional information in order to evaluate your application for employment, please use the space below:

CERTIFICATION AND AGREEMENT - PLEASE READ CAREFULLY

If hired, I agree to abide by all Authority rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Authority or me. I further understand that no representation, whether oral or written by any representative or agent of the Authority, at any time, can constitute a contract of employment. Further, my signature below certifies that the facts set forth in this employment application are true and complete to the best of my knowledge. As a part of this application, I have signed the adjoining disclosure and authorization for the Authority or its representative, Applicant Insight, to obtain information regarding my background. I understand that unsigned applications will not be considered and, if I am employed, falsified statements on this application, failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be considered sufficient cause for dismissal.

Signature _____

Print Name _____

Date _____