

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_ Number of Attachments: \_\_\_\_\_



**County of Franklin, Virginia**  
**EMPLOYMENT APPLICATION**  
Department of Human Resources  
1255 Franklin Street • Rocky Mount • VA • 24151 • 540-483-3030

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*The County of Franklin is an Equal Opportunity Employer*

Where to Find Vacancy Information:

- On the Internet:  
<http://www.franklincountyva.org>
- Job Board  
(County Administration Bldg)
- Local Newspapers
- The Franklin Center
- VEC

We appreciate your interest in making Franklin County your employer of choice. Franklin County considers applicants without regard to race, sex, color, national origin, religion, age, otherwise qualified persons with disabilities, or any other factor protected by law. If needed, please contact the Human Resources office for reasonable accommodation in completing this application. In order to qualify for applicant status, you must:

1. Type or print in ink (preferably black) a fully completed application and submit it to the Human Resources office. Resumes are welcomed, but are not considered a substitute for the information requested as part of this application. The phrase "see resume" will disqualify an application from consideration.
2. Applicants must meet the minimum requirements as stated in the posted job description.
3. Applications are only accepted for current open positions. A separate application must be submitted for each vacancy.
4. If all other requirements are met, an application remains active during the recruiting period for which it was submitted.

Name \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Present Mailing Address) (City) (State) (Zip)

EMail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding traffic violations?  Yes  No

If yes, describe in full: \_\_\_\_\_

Rate of Pay Expected \$ \_\_\_\_\_ Per Month Would you work fulltime?  Yes  No

Specify Days and Hours if Interested in Part-Time \_\_\_\_\_

Are you a current employee or were you previously employed by us?  Yes  No If Yes, when \_\_\_\_\_

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

How did you learn of this employment opportunity?  Newspaper  VEC  Internet  County Employee  
 Employee Opportunities List  Other (Please specify) \_\_\_\_\_

**IF YOU ARE APPLYING FOR A POSITION WHICH REQUIRES DRIVING VEHICLES, COMPLETE THIS SECTION**

Do you have a valid driver's license?  Yes  No State of Issue: \_\_\_\_\_

Do you have a valid CDL?  Yes  No State of Issue: \_\_\_\_\_

Have you been convicted of a traffic violation within the last five years?  Yes  No

Nature of Violation: \_\_\_\_\_

## EDUCATION

Education information is requested in consideration of the minimum education requirements of the position for which you are applying. Please provide all education or specialized training relevant to the job.

Did you graduate from High School?  Yes  No

If Yes, give name of High School \_\_\_\_\_ City, State \_\_\_\_\_

If No, Circle Highest Level of School Completed: 1 2 3 4 5 6 7 8 9 10 11 GED

If you have a GED, give State of Issue: \_\_\_\_\_

Complete this item if you have taken courses in business, trade, armed services, correspondence or night school.

Name of School	Subject	Number of Weeks	Did you finish?

Complete this item if you have taken courses at a college or university

Circle Highest Level of College Completed: 1 2 3 4

Name of College of University	Major Subject	Approx. Semester Hours Credit	Degree of Certificate

Graduate School: 1 2

Name of Graduate School	Major Subject	Approx. Semester Hours Credit	Degree Received

## REFERENCES

Please provide three professional/supervisory references from previous employers, professional associations or volunteer agencies.

NAME & OCCUPATION	ADDRESS	TELEPHONE #	LENGTH OF TIME KNOWN
1.			
2.			
3.			

## EMPLOYMENT & VOLUNTEER EXPERIENCE

List below all present and past employment or volunteer experience in detail, beginning with your most recent position:

<b>1</b>	Job Title:	Supervisor:	Phone#:
Employer:		Address:	
Dates Employed (MO/YR) Begin _____ End _____		Salary Begin: _____ Salary End: _____	# Supervised by You:
Hours Per Week: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer			Reason For Leaving:
Special Skills:			
Job Duties (Be Specific):			
<b>2</b>	Job Title:	Supervisor:	Phone#:
Employer:		Address:	
Dates Employed (MO/YR) Begin _____ End _____		Salary Begin: _____ Salary End: _____	# Supervised by You:
Hours Per Week: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer			Reason For Leaving:
Special Skills:			
Job Duties (Be Specific):			
<b>3</b>	Job Title:	Supervisor:	Phone#:
Employer:		Address:	
Dates Employed (MO/YR) Begin _____ End _____		Salary Begin: _____ Salary End: _____	# Supervised by You:
Hours Per Week: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer			Reason For Leaving:
Special Skills:			
Job Duties (Be Specific):			

<b>4</b>	Job Title:	Supervisor:	Phone#:
Employer:		Address:	
Dates Employed (MO/YR) Begin _____ End _____		Salary Begin: _____ Salary End: _____	# Supervised by You:
Hours Per Week: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer			Reason For Leaving:
Special Skills:			
Job Duties (Be Specific):			
<b>5</b>	Job Title:	Supervisor:	Phone#:
Employer:		Address:	
Dates Employed (MO/YR) Begin _____ End _____		Salary Begin: _____ Salary End: _____	# Supervised by You:
Hours Per Week: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer			Reason For Leaving:
Special Skills:			
Job Duties (Be Specific):			

May we contact the employers listed above?  Yes  No

If No, indicate by number, which one(s) you do not wish us to contact \_\_\_\_\_

Please list any other skills, qualifications, or experience which you feel would especially fit you for work with the county:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative credit agencies or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_



## County of Franklin, Virginia

Department of Human Resources

### Criminal History Record Request

Name: \_\_\_\_\_  
(Last) (First) (MI)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
(Present Street Address) (City) (State) (Zip)

Position Applied for: \_\_\_\_\_

**If applying for a position which requires operation of a motor vehicle, please provide the state of issue and your driver's license number:** State: \_\_\_\_\_ #: \_\_\_\_\_

Purpose of Request: Employment

#### **Authorization for Release of Information:**

In connection with my application for employment, subsequent employment or volunteering with the County of Franklin, Virginia, I hereby agree to execute an **Affidavit for Release of Information** to authorize the reporting agency of choice by County of Franklin, the Virginia State Police or any other law enforcement agency to provide employment background screening information results to the Franklin County Department of Human Resources.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## VOLUNTARY SELF-IDENTIFICATION (CONFIDENTIAL-FOR STATISTICAL USE ONLY)

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. **Please return this page with your application.**

### PLEASE COMPLETE IN FULL:

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex:  Male  Female Date of birth: \_\_\_\_\_ Applicant's zip code: \_\_\_\_\_

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

### VETERAN STATUS:

(Please check one if it describes your veteran status.\*) \* Veteran status may only be requested after a job offer is made.

**SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

**VIETNAM ERA VETERAN:** A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

### Personal and Confidential

**This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records!**