



# Montgomery County Virginia



KEYED	NUMBER OF ATTACHMENTS
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MONTGOMERY COUNTY  
 DEPARTMENT OF HUMAN RESOURCES  
 755 Roanoke Street, Suite 2-D  
 Christiansburg, VA 24073-3180  
 Ph. 540-394-2007 Job Line 540-394-2010

COUNTY OF MONTGOMERY, VIRGINIA - AA/EEO EMPLOYER  
 APPLICATION FOR EMPLOYMENT

Montgomery County Online: [www.montva.com](http://www.montva.com)  
 Applications may be emailed to: [jobs@montgomerycountyva.gov](mailto:jobs@montgomerycountyva.gov)

DATE OF APPLICATION: \_\_\_\_\_

1. Social Security Number:  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

2. Position(s) Applied for: (LIMITED TO 3 POSITIONS)  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

3. Full Legal Name (Print with last name first): \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (CITY, STATE, ZIP)

5. Home Phone: \_\_\_\_\_

6. Business Phone: \_\_\_\_\_

(ENTER ONLY IF WE MAY  
 CONTACT YOU AT WORK)

8. a. Are you a current Montgomery County resident? (Yes/No) \_\_\_\_\_ If Yes, how long? \_\_\_\_\_  
 b. Are you a current employee of Montgomery County? (Yes/No) \_\_\_\_\_ If yes, what department? \_\_\_\_\_

9. List names and addresses of three persons not related to you who know your qualifications or who know your character.

NAME	ADDRESS	TELEPHONE NUMBER

10. Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a Youth Offender Law? (Yes/No) \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

11. Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed? (Yes/No) \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

12. For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entities "Employment of Illegal Immigrants", please state whether you are legally eligible for employment in the United States. (Yes/No) \_\_\_\_\_ (You are legally eligible for employment if you are a United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Dept. of Justice or U.S. Dept. of Labor.)

13. If you possess any license (other than driver's license), certificate, or other authorization to practice a trade or profession, complete the following section.

TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

14. What equipment can you operate? \_\_\_\_\_

15. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

16. If you did not graduate from high school, do you have a high school equivalency diploma? YES  NO

17. If answer to 16 is yes, date received: \_\_\_\_\_ Source: GED  USAFI  Other

18. College or University

Name & Location of Institution	Dates Attended		Major and/or Specialty	Minor	Type of degree or certificate and date graduated
	From	To			
Name of School					
Location					
Name of School					
Location					
Name of School					
Location					

19. If you expect to receive a High School Diploma or College Degree within the next three (3) months, please complete the following:

Type of Degree or Diploma: \_\_\_\_\_ Date you expect to receive it: \_\_\_\_\_

20. Describe any skills you possess or specialized training/achievements you have had which you believe would be relevant to the position for which you are applying. \_\_\_\_\_

21. On what date will you be available to start work? (If no date is given, we will assume that you are available now.) \_\_\_\_\_ (MM/DD/YY)

22. May we contact your current or previous employer for a reference? (Yes /No) \_\_\_\_\_

23. What is the minimum annual salary that you will accept? \$\_\_\_\_\_.

24. The County is an Equal Opportunity Employer. It does not discriminate on the basis of race, national origin, sex, religion, age or disability status in employment, promotion, demotion or dismissal.

I hereby certify that this application is a complete record and that all entries on both sides and on all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted in reference to being considered for employment. I authorize Montgomery County to conduct a Criminal History Background Check to be used in the evaluation process of my candidacy for employment.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Give a complete record of your employment history including part-time work, military service (substituting rank for salary), and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly. You may attach additional information if you desire and this section of the application may be reproduced as necessary, if additional space is needed. Account for all periods of unemployment. All information must be recorded on the application and not on an attached resume.

DATES OF EMPLOYMENT _____ TO _____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: _____ FINAL _____
IF PART TIME HOURS PER WEEK _____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED
a	a	a	a
b	b	b	b

DATES OF EMPLOYMENT _____ TO _____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		SALARY: STARTING: _____ FINAL _____
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	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	KIND OF BUSINESS OR ORGANIZATION	SALARY: STARTING: _____ FINAL _____	
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a	a	a	a
b	b	b	b

APPLICANT EEO DATA FORM

This information will not be used for making employment decisions, and will not be kept with your application for employment. The information in this section is needed to analyze and assure compliance with the County's Affirmative Action Plan, State and Federal Equal Employment Opportunity laws, and to meet the reporting requirements of these laws. After this information is recorded, this section will be separated from your application:

Applicant Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Position (s) Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check the appropriate block (Check only one)

Female

Male

A

B

C

D

E

Check the block for the racial or ethnic group with which you identify. (Check only one)

White (includes persons of Arabian descent)

Black (includes Jamaicans, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent)

Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)

Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)

American Indian (includes Alaskan natives)

Check the block for the highest level of education you have completed. (Check only one)

A

B

C

D

E

Less than 8<sup>th</sup> grade

Completed 8<sup>th</sup> grade

Attended high school

High school graduate or equivalent

Attended college and/or associate degree

F

G

H

I

J

College graduate

Attended graduate school

Master's degree

Graduate study beyond master's requirements

PHD or professional degree

Veteran Status (Yes/No) \_\_\_\_\_

Disability Status (Yes/No) \_\_\_\_\_

How did you find out about this job?

- Roanoke Times & World News
- Internal Job Vacancy Announcement
- College Placement Service
- Employee Referral
- Other