

# LANCASTER COUNTY

OFFICE OF ADMINISTRATION  
8311 MARY BALL ROAD  
P.O. BOX 699  
LANCASTER, VIRGINIA 22503-0699  
OFFICE - (804) 462-5129  
FAX LINE - (804) 462-0031



## APPLICATION FOR EMPLOYMENT

Please read these instructions before you complete your application.

Unless otherwise stated, applications are only accepted for jobs which are currently open. Be sure to list the title of the job you are applying for the way it appears in the job announcement. Complete the entire application. Incomplete applications may not be considered unless completed prior to testing or interview. Mail or bring your application to the Office of Administration at the address listed above by the closing date.

NAME \_\_\_\_\_  
last first middle

ADDRESS \_\_\_\_\_  
city state zip code

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_  
(Enter only if we may contact you at work)

POSITION APPLIED FOR \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_  
(Completion of this item is optional. Failure to submit social security number on this form will not prohibit employment. Social security number may be required on other forms prior to employment. A copy of card is required prior to employment.)

1. Have you ever worked for Lancastery County? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_ Department \_\_\_\_\_
2. Are you under the age of 21? Yes \_\_\_ No \_\_\_ If yes, give birth date \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ If yes, State \_\_\_\_\_  
Do you have a valid Commercial Driver's License? Yes \_\_\_ No \_\_\_ If yes, State \_\_\_\_\_
4. Available for  full-time  part-time  evening/weekend hours

### EDUCATIONAL BACKGROUND

High School Graduate or Equivalency Certificate (GED)? Yes \_\_\_ No \_\_\_

If yes, name and location of school \_\_\_\_\_

If no, list highest grade completed \_\_\_\_\_

Name & location of college/university	Credits earned	Dates attended	Major/Subject	Degree (type & date received)

Describe any job-related courses or training you have completed.

Special qualifications and skills (e.g., special equipment or software you can operate)

You are legally eligible for employment if you are a citizen of the United States. If you are not a citizen, you are legally eligible if you have completed a

Form 1-151 or Form 1-551 (Alien Registration Receipt Card), or Form 1-94 with the appropriate class designation endorsed by the U. S. Immigration and Naturalization Service (INS) showing that you have been authorized to accept employment.

Are you legally eligible to work in the Unites States? Yes \_\_\_\_\_ No \_\_\_\_\_. If you are not a citizen, please state what form you have completed and the number \_\_\_\_\_. YOU WILL BE REQUIRED TO PROVIDE THIS FORM OR PROOF OF CITIZENSHIP PRIOR TO EMPLOYMENT.

## EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. **List all experience in order, starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position. Account for all periods of unemployment. Attach additional sheets if necessary. Resumes may be attached for additional information. However, the application must be completed. **DO NOT INDICATE: "See resume."**

May we contact your present employer regarding your qualifications and record of employment? Yes \_\_\_ No \_\_\_.

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1. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ _____ Reason for leaving _____
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2. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ _____ Reason for leaving _____
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3. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ _____ Reason for leaving _____
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4. Date of Employment From _____ to _____ Exact title of Position _____ _____ Employer _____ Address _____ _____ Supervisor _____ Telephone _____ No. of hours worked per week _____ Salary: Started at _____ per _____	Description of Work _____ _____ _____ _____ _____ _____ Reason for leaving _____
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5. Date of Employment	Description of Work
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From \_\_\_\_\_ to \_\_\_\_\_  
Exact title of Position \_\_\_\_\_  
\_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Telephone \_\_\_\_\_  
No. of hours worked per week \_\_\_\_\_  
Salary: Started at \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving  
\_\_\_\_\_

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1. Have you ever been convicted of any offense against the law, including all 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? Yes \_\_\_\_\_ No \_\_\_\_\_. *A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all facts so that a decision can be made, including the crime for which convicted, date of conviction, location of court proceeding, and specific sentence. (Attach additional sheets if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any relatives employed by Lancaster County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name \_\_\_\_\_ relationship \_\_\_\_\_ department \_\_\_\_\_

3. **Complete only for public safety positions.** Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
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**REFERENCES**

Provide the names of three individuals not related to you, in addition to the supervisors listed on the application, who can provide information regarding your ability to perform this job.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NO.

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**PRIVACY ACT NOTICE FOR EMPLOYMENT FORMS****NOTICE TO APPLICANTS**

This information is provided pursuant to the Privacy Act of 1976 for individuals supplying information for inclusion in a system of records.

**POLICY**

The policy of Lancaster County is to collect, maintain, use and disseminate only the personal information required by law to accomplish a proper purpose.

**PURPOSE, USE, ACCESS AND DISSEMINATION**

Information furnished will be used primarily by Lancaster County departments/divisions and agencies to determine qualifications for employment, eligibility for transfer, reinstatement, promotion, and/or demotion. All or part of this information may be furnished to others as indicated below:

1. Representatives from County agencies, if required to determine employment suitability.
2. Federal, state and local agencies in which you have interest as a potential employee.
3. Federal, state and local agencies to create personnel files following your employment with Lancaster County.
4. Representatives of federal, state and local agencies engaged in investigating violations of the law.
5. Individuals or agencies requesting statistical data exclusive of personal identification.
6. Requesting agencies possessing your voluntary release of information and assuming confidential protection of information released.

**EFFECTS OF NONDISCLOSURE**

It is in your best interest to answer all questions. Your failure to complete the form may jeopardize your opportunity for employment.

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**CERTIFICATION AGREEMENT**

1. I have read and understand the above Privacy Act Notice for Employment Forms.
2. I hereby certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.
3. I authorize
  - Lancaster County to conduct a thorough background investigation, except as it pertains to race, origin, sex, age, or other non-job related criteria, to be used relative to my employment with the County. This investigation may include driving record checks and results of drug and alcohol test conducted by previous employer(s); and,
  - my former employers and those listed as references to provide any job related information they have about me, including results of drug and alcohol tests, and I release all concerned from any liability in connection with the release of this information.
4. I hereby agree that Lancaster County may, in accordance with the 1985 Amendments to the Fair Labor Standards Act and the Lancaster County Personnel Policies and Procedures Manual, award to me compensatory leave at the time and one-half rate in lieu of overtime pay for all overtime worked in excess of the maximum allowable number of hours under the County's Overtime Policy for Non-Exempt Employees.
5. I understand that:
  - false or incomplete statements made on the application are grounds for disqualification from employment;
  - I may be required to take a post offer medical examination given at the County's expense, and that my employment may be dependent upon the results of the examination;
  - if I am an applicant for a position of/or sworn Police, a position that requires a CDL, is physically demanding or defined as safety sensitive, my post offer medical examination and subsequent periodic medical examinations as specified by the County' Physical Exam Program may include drug and alcohol screening; and
  - any employment is conditioned upon successful completion of a probationary period and that Lancaster County employs me "at will" and is not committed to any specific term of employment. This "at will" employment relationship may not be changed by any written document or by contract unless such a change is specifically acknowledged by an authorized executive of this organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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This application shall remain valid for the posted position vacancy for six consecutive calendar months, with the exception of Public Safety applications, which shall remain valid for twelve consecutive calendar months.

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**PRE-EMPLOYMENT INFORMATION**

OPTIONAL. This information will not be used for making employment decisions, and will not be kept with your application for employment. It is needed to analyze and assure compliance with State and Federal Equal Employment Opportunity laws and to meet the reporting requirements of these laws.

*Submission of this information is voluntary.*

Date of Application:
Position Applied for:
Male: _____ Female: _____ ____ White ____ Black ____ Hispanic ____ Asian ____ American Indian/Native American ____ Other

**How did you find out about this job?**