

# BRUNSWICK COUNTY

An Equal Opportunity Employer

(Please Print)

## EMPLOYMENT APPLICATION

Filing Code \_\_\_\_\_

PERSONAL

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

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Last) (First) (Middle, if married use maiden)

Present Mailing Address \_\_\_\_\_  
(Street & No. or RFD) (City) (State) (Zip Code)

Permanent Mailing Address \_\_\_\_\_  
(Street & No. or RFD) (City) (State) (Zip Code)

Telephone. Home \_\_\_\_\_ Business \_\_\_\_\_ If none, where can you be reached by telephone? \_\_\_\_\_

Whom would you want notified in case of an emergency?: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Complete Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

MIL.

Were you in the US Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of duty from \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

List Duties in Service including Special Training \_\_\_\_\_

Have you taken any training under the G.I. Bill? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

GENERAL

What type of license do you have? \_\_\_\_\_ License Number \_\_\_\_\_  
(Driver's or Chauffeur's)

Issued in what State? \_\_\_\_\_ What is the expiration date? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Do you mind if we contact your current employer? \_\_\_\_\_

Have you ever worked for Brunswick County before? \_\_\_\_\_ Who referred you to Brunswick County for work? \_\_\_\_\_

Are you related by blood or marriage to any person now employed by Brunswick County? \_\_\_\_\_ If yes, give name(s) and relationship(s) \_\_\_\_\_

What is your opinion of working evenings, Saturdays, and Sundays? \_\_\_\_\_

How many days notice would you require before reporting for work? \_\_\_\_\_

Is there any other information you feel is relevant to your qualifications? \_\_\_\_\_

REFERENCES: List (3) persons who are familiar with your qualifications for employment.

(A) Name \_\_\_\_\_ Address \_\_\_\_\_

(B) Name \_\_\_\_\_ Address \_\_\_\_\_

(C) Name \_\_\_\_\_ Address \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? ( A conviction does not mean you can not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  YES  NO If yes explain fully on an additional sheet.)

**EDUCATION – Give your complete educational history below**

Elementary or High School	Name	Location	Ending Date Mo Yr	highest school year completed
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Did you either graduate from high school or pass the High School Equivalency Test? Yes  No

Education Beyond High School College or University Graduate or Professional Other Education Internship, etc.	Name and Location	Attended		Number Years Completed	Credit Hours	Did You Graduate	Degree or Diploma and Year Received	Major Subject
		From	To					
		Mo / Yr	Mo. / Yr					

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received

**EMPLOYMENT RECORD – Answer questions for each period of employment Include previous employment with Brunswick County, military service and related volunteer work Failure to give complete information may result in rejection of your application Begin with your present or last position. If more space is needed, use a continuation sheet**

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed _____	Name and title of supervisor _____ Employer _____ Duties _____ Reason for Leaving _____	No. employees supervised by you _____	
Date separated _____		Address _____	
Full-time   Years   Months			
Part-time   Years   Months			
If part-time, number of hours worked per week _____			

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed _____	Name and title of supervisor _____ Employer _____ Duties _____ Reason for Leaving _____	No. employees supervised by you _____	
Date separated _____		Address _____	
Full-time   Years   Months			
Part-time   Years   Months			
If part-time, number of hours worked per week _____			

C. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed _____	Name and title of supervisor _____ Employer _____ Duties _____ Reason for Leaving _____	No. employees supervised by you _____	
Date separated _____		Address _____	
Full-time   Years   Months			
Part-time   Years   Months			
If part-time, number of hours worked per week _____			

**CERTIFICATE OF APPLICANT**

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience, and that if employed, false statements on this application shall be sufficient cause for dismissal

\_\_\_\_\_  
Applicant's Signature

Please complete the information requested below. This information is necessary for statistical purposes only and will be retained separate from the application for employment.

App No \_\_\_\_\_

1. Name \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

(Last) (First) (Middle)

3. Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

4. Citizenship  U S  Other - Specify \_\_\_\_\_

**EQUAL EMPLOYMENT STATISTICAL INFORMATION**

5. Ethnic Background

- (A) White
- (B) Black
- (C) Hispanic
- (D) Asian or Pacific Islander
- (E) American Indian or Alaskan Native
- (F) Other \_\_\_\_\_

6. Sex

- (1)  Male
- (2)  Female

7. Marital Status

- Single  Engaged  Divorced
- Married  Separated  Widowed

8. Who referred you to Brunswick County for work?

9. Position(s) applied for

10. What is your present Selective Service Classification?

11. What method of transportation will you use to get to work?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature