APPLICANT INFORMATION

1. The County of York is an equal employment opportunity employer.

2. Positions open to the public are generally advertised in the Sunday classified section of the Daily Press and the Internet at www.yorkcounty.gov. The e-mail address of the Human Resources Office is employment@yorkcounty.gov.

3. For the convenience of the residents of York County, job opportunities are shown on Cable Channel 46.

4. Employment opportunities are posted on bulletin boards located in the hallway of the County Administration building, the Human Resources Office, the York County Library, and in other County buildings.

5. Most job announcements contain a close-out date.

6. It is the applicant's responsibility to ensure that their York County application or resume is received by the Human Resources Division by the close-of-business (5:00 p.m.) on the close-out date in order to be reviewed and considered. State and Federal application forms are not accepted.

7. The County's typing and shorthand testing is done by the Virginia Employment Commission (VEC), 6012 Jefferson Avenue, Newport News, VA. at (757) 247-2080 or 5235 John Tyler Highway Williamsburg, VA. at (757) 253-4738 or 1320 LaSalle Avenue, Hampton, VA. at (757) 727-4884 Call the VEC office for an appointment and upon completion of testing, inform the VEC staff to forward your test scores to York County via fax number 890-3699.

8. Do not include photocopies of training certificates, military discharge certificates, etc. Ample room is provided on the application to record such information.

9. **The applicant is responsible for copying any document to be included with the application. The County does not provide this service. Documents attached to an application become a permanent part of the record and are not returned.**

10. Complete all sections of the application. Enclose resume only if it adds meaningful information to the description of work in the application. A separate application is required for each position for which you wish to apply. Each application **MUST** have an original signature.

11. Interviews are granted by invitation only.

12. Applicants selected for interview are usually advised by telephone.

13. York County employment opportunities and application status are provided on our Employment Information Hot Line (757) 890-3690 (Automated Attendant System). Separate instructions are provided.

14. Applications for those not selected for the applied position are maintained in an alphabetical file for two years.

15. **Applicants are not automatically considered for future openings**. It is the responsibility of the applicant to notify the Human Resources Office when they become aware of another opening for which they are qualified and wish to be considered.

16. All inquiries concerning the employment process are to be addressed to the Human Resources Office only. The County discourages direct contact with the prospective department or supervisor. As a matter of policy, departments and supervisors have been instructed to refer such contacts to the Human Resources Office.

(See Reverse For Required Statement)

COUNTY OF YORK

APPLICANT INFORMATION

The information in this section is needed to analyze and assure compliance with 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.

This information will not be used for making employment decisions, and will not be kept with your application for employment.

Name _____ Date _____

Position applied for _____

Check the appropriate block
(Check only one)

☐ Female
☐ Male

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

A ☐ White (includes persons of Arabian descent)
B ☐ Black (includes Jamaicans, Bahamians, and other Caribbeans of African but not Hispanic descent)
C ☐ Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)
D ☐ Asian or Asian American (includes Pakistanis, Indians and Pacific Islanders)
E ☐ American Indian (includes Alaskan natives)

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

A ☐ Less than 8th grade
B ☐ Completed 8th grade
C ☐ Attended high school
D ☐ High school graduate or equivalent
E ☐ Attended college
F ☐ Associate degree
G ☐ College graduate
H ☐ Attended graduate school
I ☐ Master's degree
J ☐ Graduate study beyond master's requirements
K ☐ PhD. or professional degree

How were you referred to the County of York? _____

_____

_____

(See Reverse for Applicant Information)

APPLICATION FOR EMPLOYMENT

COUNTY OF YORK, VIRGINIA

120 Alexander Hamilton Boulevard, Second Floor
Post Office Box 532
Yorktown, Virginia 23690

AN EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR

FULL LEGAL NAME

Last First Middle

COMPLETE MAILING ADDRESS

Street

City/Town State Zip

HOME PHONE

(Daytime Number)

BUSINESS PHONE (Enter only if we may contact you at work)

e-mail

FOR PERSONNEL USE ONLY

NOTIFIED OF NON-SELECTION

DATE BY

DATE BY

DATE BY

DATE BY

TEST RESULTS

DATE SCORE

DATE SCORE

DATE SCORE

DATE SCORE

1. I have read the enclosed Applicant Information Sheet. Initial _____
2. Have you ever worked for York County? Yes ____ No ____ If Yes, Date _____ Department _____
3. Are you under the age of 18? Yes ____ No ____ If yes, give birth date _____
4. Do you have a valid driver's license? Yes ____ No ____ If yes, state _____
5. Do you have a commercial driver's license? Yes ____ No ____ If yes, state _____
6. Available for ☐ full-time ☐ part-time ☐ evening/weekend hours ☐ when _____ ☐ immediately

EDUCATION

Name and location of last elementary, junior high or high school attended

Name of School

Location

Highest Grade Completed

If you did not graduate from high school, do you have a high school equivalency certificate?
Yes ☐ No ☐

If "Yes" give date received _____

COLLEGE OR UNIVERSITY Name and Location	Dates Attended		Credits		Major Subject	Minor Subject	Type of Degree or Certificate and Date
	From	To	Sem. Hrs.	Qtr. Hrs.			

Describe any business, secretarial, vocational, technical, military, computer or correspondence courses you have completed. Give dates and number of hours and certificates received.

REVISED 3/01

EXPERIENCE

Give a complete record of your employment history for the last 15 years including part-time work, military service, 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. Account for all periods of unemployment. Attach additional sheet(s) if necessary. Resumes can be submitted to expand information in description of work.

1	Dates of employment (month, year) From To present time	Position Title	Number/kind of employees supervise
Salary or earnings Starting $ per Present $ per	Employer		Hours per week
Address of employer		Name and title of immediate supervisor Telephone	
Reason for wanting to leave			
Description of work			

2	Dates of employment (month, year) From To	Position Title	Number/kind of employees supervised
Salary or earnings Starting $ per Ending $ per	Employer		Hours per week
Address of employer		Name and title of immediate supervisor Telephone	
Reason for leaving			
Description of work			

3	Dates of employment (month, year) From To	Position Title	Number/kind of employees supervised
Salary or earnings Starting $ per Ending $ per	Employer		Hours per week
Address of employer		Name and title of immediate supervisor Telephone	
Reason for leaving			
Description of work			

SPECIAL QUALIFICATIONS AND SKILLS

Kind of License or Certificate (For example: teacher, registered nurse, lawyer, technical, C.P.A. etc.)	State or licensing authority	Expiration Date
Computer skills, languages and software application experience:	Approximate number of words per minute. (VEC Certificate)	
	Typing	Shorthand
Other special qualifications and skills (e.g., special equipment you can operate)		

OTHER INFORMATION

Please answer the following questions. If you answer "Yes" to any question, please give details below.	Yes	No
Are you an official or employee of any State, territory, county, or municipality?		
Have you ever been convicted of an offense against the law, a misdemeanor or felony but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a Youth Offender Law?		
Have you ever been convicted of a moving traffic violation in the past seven years?		
Have you ever been dismissed from employment or forced to resign, or have you ever resigned in order to avoid being dismissed?		
Does York County employ any relative of yours (by blood or marriage)?		

Please explain here "Yes" answers to questions immediately above.

For purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants", please state whether you are legally eligible for employment in the United States. (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. Department of Justice or the U.S. Department of Labor.)	Yes	No

REFERENCES

List names and addresses of three persons who are not related to you and who know your qualifications or your character. Do not list former supervisors named elsewhere on this application.

Name	Address	Telephone Number

May we contact your present employer regarding your character, qualifications and record of employment? Yes ☐ No ☐

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 the County of York 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 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 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 the County of York.
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.

DISCLOSURE OF SOCIAL SECURITY NUMBER

The Social Security Act of 1976 provides for soliciting social security numbers, and disclosure on your part is mandatory prior to employment to obtain the benefits you are seeking.

CERTIFICATION (Read Carefully before Signing)

I understand that false or incomplete statements on this application or in my resume are grounds for dismissal. I hereby authorize former employers, schools, and personal references to provide any information concerning my background and release them from any liability in connection therewith. I also understand that my employment with the County is conditioned upon being physically able to perform the essential functions of the job applied for, with or without reasonable accommodation, and to that end, I agree to submit to a post offer medical examination and such further medical examinations as may be required. Failure to pass such examinations may result in the revocation of my employment offer. I understand further that I may be required at time of interview to authorize the County to conduct a criminal history information check and a motor vehicle driving record check as a condition of employment. Failure to authorize these checks may result in disqualification for the position applying. I understand that all employee benefits are subject to change by the Board of Supervisors. Further, I understand that my offer of employment would be for no definite period and may be terminated at any time by the County.

Date _____ Signature _____