

Please print in ink (preferably black) or use typewriter

Number of attachments

Position number

# County of Louisa, Virginia

An Equal Opportunity Employer

## Application for Employment

Each Application Requires an Original Signature on the application and the criminal background check

Send this application to:  
**Louisa County Water Authority**  
23 Loudin Lane  
Louisa, Virginia 23093

Employees of the County of Louisa and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_ 2. Agency: Louisa County Water Authority  
(one per application)

3. Full legal name \_\_\_\_\_ 5. Home Phone ( ) \_\_\_\_\_  
Last First Middle

4. Address \_\_\_\_\_ 6. Business Phone ( ) \_\_\_\_\_  
City State Zip

### 7. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed \_\_\_\_\_
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  N Date Received \_\_\_\_\_
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

8. **EXPERIENCE** — Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time  Part-time  Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_

e. Automated word processing (specify equipment) \_\_\_\_\_  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.  

Type	License Number	Granted by (licensing board)

9. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Check which employment status you'd accept:  Salaried (benefits)  Hourly (No benefits)  Part-time (No benefits)
- d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- h. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates):  World War I--4/16/17-4/1/20;  World War II--12/7/41-12/31/46;  Korean Conflict--6/27/50-1/31/55;  Vietnam Conflict--8/5/64-3/7/75;  None of the dates shown, but I did serve in the military.
- i. Have you ever been convicted\* of a law violation(s), including moving traffic violations  Yes  No If YES, please provide the Following: Description of offense: \_\_\_\_\_

Statute or ordinance (if known): _____	Date of Charge: _____	Date of Conviction: _____
County, City, State of _____		

(For additional convictions use plain paper. Include all information listed above.)

\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

12. **CERTIFICATION--Each Application Requires an Original Signature on the application and the criminal background check**  
 I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the County of Louisa, Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County of Louisa, Virginia to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.  
**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

Supplementary Experience Form

Name Position Applied For

Job Title
Employer
Address
Phone
Type of business
Immediate supervisor

Duties:
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Title
Employer
Address
Phone
Type of business
Immediate supervisor

Duties:
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

Job Title
Employer
Address
Phone
Type of business
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Full-time Part-time Hours/week

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Duties:
Number and titles of employees you supervised
Equipment used
Reason for leaving
Your name if different from present

Salary (start) (finish)
Dates (mo/yr) to (mo/yr)
Full-time Part-time Hours/week

# EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

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

**THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION**

PRINT NAME \_\_\_\_\_  
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_; COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY: Date of birth** \_\_\_\_\_

My prospective employer understands age to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

**Notice to Applicants Living in CA, OK or MN**  
By checking this box, I request to receive a free copy of any Report ordered on me.   
Email address: \_\_\_\_\_ \*\*  
\*\* By entering my email address, I authorize Selection.com to deliver my Report via email

**Notice to California Residents:**  
Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification. Selection.com's Privacy Policy can be viewed at [www.Selection.com](http://www.Selection.com).

\*\*\*\*\* IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING \*\*\*\*\*

Customer Number \_\_\_\_\_ Location or Store Number \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Information Requested:  
Combined Report: \_\_\_\_\_  
Individual Reports: \_\_\_\_\_  
Criminal Convictions  County(s) and state(s) \_\_\_\_\_  
Other: \_\_\_\_\_

Pursuant to Federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Carribeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian and Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- American Indians (includes Alaskans)

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

- 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
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

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

Position number: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper: specify name of newspaper \_\_\_\_\_
- Radio/TV: specify name of Media \_\_\_\_\_
- VEC
- State Recruit System
- Agency Bulletin Board
- Other: Please specify \_\_\_\_\_

For office use only: EEO Category: \_\_\_\_\_