

APPLICATION FOR EMPLOYMENT			COUNTY OF SURRY		Date of Application: _____
Please Print or Type (SSN Voluntary, for Record-Keeping and Data Processing Only)					
Social Security Number: <small>(Last 4 digits only)</small>	Last Name:	First Name:		Middle Name:	
Address (Street Number and Name)			City:	County:	
State:	Zip Code:	Home Phone:	Business Phone:		

Date Available for Work: _____

Have you ever worked for Surry County? Yes No

Are you related to any person working for Surry County? Yes No

If yes, give name, relationship to you and the department where employed. _____

Are you legally eligible to work in the United States? Yes No (Proper documentation will be required upon employment)

CHECK the types of work you will accept: 1. Regular full-time 2. Regular part-time 3. Temporary full-time
4. Temporary part-time 5. Any of the preceding 6. Work Involving Travel 7. Shift Work

MILITARY SERVICE

Have you served honorably in the Armed Forces of the U. S. on active duty for reasons other than training Yes No
 Do you wish to declare a service connected disability: Yes No
 At the time of application are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? Yes No
 Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? Yes No
 Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____
 Are you a member of the military reserves? Yes No Branch: _____ Rank: _____

Note: This section is used only by Health and Social Services applicants

Job(s) Applied For: (Enter the specific title of the job for which you are applying)

1. _____ 2. _____

Referral Source:

Please indicate your referral source: _____ If you were referred by the Employment Security Commission, please indicate which office: _____

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4
 Under S/Q Hours list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (Mo./Yr.) From: To:	Graduate? Yes/No	Maj./Min. Course Work	S/Q Hrs.	Type of Degree
High School						
College/University						
Graduate/Prof.						
Other:						

Special training programs and seminars you have completed in the last five years (List):

If the job applied for calls for specific courses, indicate those courses taken and credits received:

List fields for which you are licensed, registered or certified: (Give dates and sources of issuance)

Registration/License: _____ State: _____ No. _____
 Registration/License: _____ State: _____ No. _____
 Registration/License: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (List):

Skills: Check the following skills, experiences, etc., which you have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's License No. _____ State _____ | <input type="checkbox"/> Sign language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> CDL License No. _____ State _____ | <input type="checkbox"/> Foreign Language (Specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Adding Machine/Calculator | <input type="checkbox"/> Braille |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | <input type="checkbox"/> Computer | <input type="checkbox"/> Other _____ |

WORK HISTORY

Current or Last Employer:				Address: _____			
Job Title:			Supervisor's Name: Telephone Number:			No. Supervised By You: _____	
Date Employed:	Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May We Contact Your Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Per:	\$	Per:			
Date Separated:	<u>List major duties in order of their importance in the job:</u>						
Full-Time	Yrs	Mos.					
Part-Time	Yrs	Mos.					
If Part-Time, No. of Hrs. Per Week Hours							
Employer:				Address: _____			
Job Title:			Supervisor's Name: Telephone Number:			No. Supervised By You: _____	
Date Employed:	Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May We Contact Your Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Per:	\$	Per:			
Date Separated:	<u>List major duties in order of their importance in the job:</u>						
Full-Time	Yrs	Mos.					
Part-Time	Yrs	Mos.					
If Part-Time, No. of Hrs. Per Week Hours							
Employer:				Address: _____			
Job Title:			Supervisor's Name: Telephone Number:			No. Supervised By You: _____	
Date Employed:	Starting Salary:		Ending or Current Salary:		Reason for Leaving:		May We Contact Your Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Per:	\$	Per:			
Date Separated:	<u>List major duties in order of their importance in the job:</u>						
Full-Time	Yrs	Mos.					
Part-Time	Yrs	Mos.					
If Part-Time, No. of Hrs. Per Week Hours							

Employer:			Address:		
Job Title:		Supervisor's Name:		No. Supervised By You:	
Date Employed:		Starting Salary:		Ending or Current Salary:	
		\$ Per:		\$ Per:	
Date Separated:		Reason for Leaving:			
		List major duties in order of their importance in the job: 			
Full-Time	Yrs	Mos.			
Part-Time	Yrs	Mos.			
If Part-Time, No. of Hrs. Per Week					
Hours					

NOTE: For additional employment history, attach a separate sheet or resume' .

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot 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, fully explain on an additional sheet)

State any additional information you feel may be helpful to us in considering your application: _____

REFERENCES		
NAME	ADDRESS	PHONE NUMBER
1.		()
2.		()
3.		()
4.		()

NOTE: REFERENCES MUST BE SUPPLIED AT THE TIME OF APPLICATION.

I certify that information given herein is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements made in this application and understand that false information or failure to disclose relevant information may be grounds for rejection of the application, disciplinary action, dismissal, and (or) criminal action. I voluntarily consent to allow a representative of Surry County to obtain information from: any educational institution, police and/or court record, department of motor vehicle record, personal or professional reference, present and previous employer (unless otherwise indicated), and any other source deemed appropriate to reach a hiring decision. I release the County of Surry, its agents and representatives and any person furnishing information to a County of Surry representative from any and all liability arising out of the furnishing of such information.

Signature of Applicant
(Unsigned applications will not be processed)

Date

Surry County is a Drug Free Workplace.
Surry County is an EEO Employer.