



**VIRGINIA'S REGION 2000**  
**— LOCAL —**  
**GOVERNMENT**  
**COUNCIL**

*Application for Employment*

828 Main Street, 12<sup>th</sup> Floor  
 Lynchburg, VA 24504  
 Phone 434-845-3491  
 Fax 434-845-3493  
 hr@region2000.org

Employees of Virginia's Region 2000 Partnership and applications for employment shall be offered equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex, or age.

1. Position applied for \_\_\_\_\_ 2. Organization \_\_\_\_\_  
 (One per application)

3. Full legal name \_\_\_\_\_ 4. Home Phone \_\_\_\_\_  
 (Last First Middle) Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

5. Address \_\_\_\_\_ 6. Business Phone \_\_\_\_\_  
 (Number and Street)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (City) (State) (Zip)

**7. EDUCATION**

a. Highest grade completed \_\_\_\_\_ Year Completed \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?  
 Yes  No Date Received \_\_\_\_\_

c. Number of years of post high school education \_\_\_\_\_

Institution Name and Location	Hours	Degree Received	Major or Specialty	Minor	Dates Attended

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 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

<b>A. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
Phone:	
Type of business:	
Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:
<b>B. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
Phone:	
Type of business:	
Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:
<b>C. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
Phone:	
Type of business:	
Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:
<b>C. Job Title:</b>	<b>Duties:</b>
Employer:	
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Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time                          Part Time	Name if different from present:

e. Use this space for any additional information you think would help us evaluate your application; include training, seminars, workshops, special achievements, or specialized skills.

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

Type	License Number	Expiration Date	Granted by (licensing board)

**10. REFERENCES**

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

Name	Address	Phone	Relationship

**11. 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 hours)

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c. Check which employment status you would accept:  Salaried (benefits)  Hourly (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. 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.

f. Are you willing to provide your own transportation, if necessary, for your employment?

Yes  No

g. For purpose 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.

h. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law?  Yes  No, If yes, list all and explain \_\_\_\_\_

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

12. When will you be available to start work? (No date is necessary if you are available as soon as you give a two (2) week notice.) \_\_\_\_\_

(MM/DD/YYYY)

**13. CERTIFICATION – Each Application Requires Current Date and Original Signature**

I hereby certify that all entries 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 Virginia’s Region 2000 Local Government Council. I understand that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application.

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the Virginia’s Region 2000 Local Government Council. If such misstatements or omissions are found after employment, it may be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the Virginia’s Region 2000 Local Government Council and will not be returned. In the case of a panel interview, which may consist of non-Virginia’s Region 2000 Local Government Council staff, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by the Immigration and Naturalization Service documenting eligibility for employment.

I authorize the release of any and all job-related information that the Virginia’s Region 2000 Local Government Council may request or any records pertaining to past or present employment which may now exist or may exist in the future.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

<b>A. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
Phone:	
Type of business:	
Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:
<b>B. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
Phone:	
Type of business:	
Immediate Supervisor:	Number and Titles of Employees you supervised:
Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
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<b>C. Job Title:</b>	<b>Duties:</b>
Employer:	
Address:	
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Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:

<b>A. Job Title:</b>	<b>Duties:</b>
Employer:	
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Immediate Supervisor:	Number and Titles of Employees you supervised:
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Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:
<b>C. Job Title:</b>	<b>Duties:</b>
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Title:	
Salary (start)                  Salary (finish)	Equipment Used:
Dates (mo/yr)                  to (mo/yr)	Reason for Leaving:
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Name if different from present:

The information below will **NOT** be used for making employment decisions, and will **NOT** be kept with your application for employment. It is needed for analysis and to assure compliance with State and Federal Employment laws and to meet reporting requirements.

1. Check the appropriate blocks for the following:

Sex:  Male  Female

Are you disabled?  Yes  No

2. Racial or ethnic group with which you identify: (Check **ONLY** one)

White (also includes persons of Arabian descent)

Black (also includes Jamaicans, Bahamians, and other Caribbean of African but not Hispanic or Arabian descent)

Hispanic (also includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture)

Asian American (also includes Pakistanis, Indians, and Pacific Islanders)

American Indian (also includes Alaskan natives)

3. The following information will help us to learn of the most effective way of informing interested persons of the job opportunities with the Region 2000 Local Government Council. Please check **ONE** of the following as to how you learned of employment opportunities with the Partnership.

From a Council Employee

Council website

Telephoned Council office

Monster.com

VEC

Newspaper (name of newspaper): \_\_\_\_\_

Other: \_\_\_\_\_