

WISE COUNTY PUBLIC SERVICE AUTHORITY

P.O. Box 3388, Wise, VA 24293 5622 Industrial Park Rd., Norton, VA 24273 Office: (276) 679-1263 Fax: (276) 679-1528

EMPLOYMENT APPLICATION

Position Applying for:_____

INSTRUCTIONS:

- Please print in ink or use computer or typewriter to fill out.
- Applicants must complete all sections. Incomplete applications will not be processed. Do not substitute "See Resume" for any portion of this application. Fill out all sections in their entirety. Resumes may be attached but do not substitute for a complete application.
- Applications are only accepted for positions that are currently open. If you are applying for more than one
 position, submit a separate application for each position. Photocopies will only be accepted if there is an
 original signature at the bottom of each application.
- Mail or hand-deliver your completed application to the Authority. Faxed or e-mailed applications will not be accepted. Applications must be received by the Authority, not postmarked, by the closing date and time listed on the position announcement.

| Name: | | | | | |
|--|------|----------------|-----------------|-------------|-------------|
| Last | Firs | st | | Middle | |
| Present Address: | | City | | State | Zip |
| Primary Telephone | Home | Work | Mobile | | |
| Alternate Telephone 1 | Home | Work | Mobile | | |
| Alternate Telephone 2 | Home | Work | Mobile | | |
| | | | | | |
| Check the job status you would accept:Full-timePart-time Check which employment status you would accept:Classified (benefits)Temporary (no benefits) Date Available for Work | | | | | |
| Are you under 18 years of age?YesNo If Yes, provide date of birth: /// | | | | | |
| (Should you be employed, you will be required to documentation of your identity and employment eligities | | ification that | t you are eligi | ble to be e | mployed and |

| Have you applied for a position(s) with the Authority previously?YesNo | | | | |
|---|--|--|--|--|
| If Yes, provide approximate date(s) and position(s): | | | | |
| Have you been employed by the Authority previously?YesNo If Yes, provide approximate dates of employment and position(s) held: | | | | |
| Are you related to any current employee(s) of the Authority?YesNo If Yes, provide name(s) and relationship(s): | | | | |

Do you have a valid Driver's License? _____Yes _____No License No.: _____ Commercial License: ____Yes ____No State: _____ Expiration Date: ____/__/___/____

Should you be selected for an interview, a copy of your driving record will be required.

| Education: | 1 | | | | |
|--------------------|-----------------------|-------|------------------------------|---|--|
| | School Name & Address | Major | Dates Attended: From: To: | Diploma/ Degree Awarded (Y/N)? | Type of Degree (Associates, Bachelors, etc.) |
| High School | | | | | If no HS diploma awarded, indicate whether GED obtained and date: Yes Date: |
| College | | | | | |
| Graduate | | | | | |
| Other (specify) | | | | | |
| Other (specify) | | | | | |
| Other (specify) | | | | | |

Describe any other job related courses or training you have completed. Include equipment operated, apprenticeships, military training, or any other related training:

List any licenses, special qualifications, skills, certificates, professional associations, and other additional information you consider to be pertinent to your application:

Have you ever been convicted of a felony or misdemeanor for which a jail or prison sentence was or could have been imposed? (Please include offenses occurring before your 18th birthday if you were tried as an adult, major traffic offenses such as DUI's, and offenses resulting in court martial while in military service). _____Yes _____No

A conviction does not automatically disqualify you from employment. However, if offenses are discovered during the criminal background check that are not disclosed on the application, employment will be terminated with no exceptions.

| Date | Offense | City/State | Disposition/Sentence |
|------|---------|------------|----------------------|
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Employment Information:

Starting with the most recent position and proceeding back in time, describe <u>ALL</u> paid, military, and voluntary experience, whether full-time, part-time, or temporary. Highlight knowledge, skills, and abilities which best demonstrate your qualifications for this position. List different positions within the same organization separately.

BE SURE THAT ALL TIME IS INCORPORATED TO PROVIDE A COMPLETE WORK HISTORY, MAKING ADDITIONAL COPIES OF THE FOLLOWING PAGE AS NEEDED. WHILE SUBMISSION OF A RESUME IS ENCOURAGED, <u>DO NOT</u> SUBSITUTE "SEE RESUME" FOR COMPLETION OF EACH SECTION OF THIS PORTION OF THE APPLICATION!

| Have you ever been involuntarily terminated or forced to resign for disciplinary reasons?:YesNo | | | | | | |
|---|---------------|---------------|--------------|--|--|--|
| If yes, indicate which employer(s) terminated you or forced you to resign: | | | | | | |
| Describe the circumstances of any such events in the employment history below, employer. | including cor | ntact informa | tion for the | | | |
| An involuntary termination or forced resignation does not automatically disqualit failure to disclose such events on this application will result in disqualification from o | | | | | | |
| May we contact your present/most recent employer for references? | Yes | No | | | | |
| If currently employed, may we contact you at your present place of employment? | Yes | No | | | | |

| Name/Address of Employer | Name/Title of Immediate Supervisor | Starting Salary: | | |
|--|------------------------------------|------------------|--|--|
| | | \$ per | | |
| Your Job Title or Position | Starting Date Ending Date | Ending Salary: | | |
| | ///////// | \$ per | | |
| | Full-timePart-time | | | |
| Describe your duties and responsibilities: | | | | |
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| Reason for Leaving: | | | | |
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| Name/Address of Employer | Name/Title of Immediate Supervisor | Starting Salary: | |
|---|---------------------------------------|------------------|--|
| | | \$ per | |
| Your Job Title or Position | Starting Date Ending Date | Ending Salary: | |
| | //// month day year month day year | \$ per | |
| | Full-timePart-time | | |
| Describe your duties and responsibilities | | | |
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| Reason for Leaving: | | | |
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References:

List <u>at least</u> three (3) persons who are not relatives and who have knowledge of your qualifications for the position for which you are applying.

| Name | Business/Home Address | Telephone No. | Occupation/Relationship |
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PLEASE READ CAREFULLY

I certify that, to the best of my knowledge and belief, the information I have provided in this application is true and correct and that no attempt has been made to conceal pertinent information. I authorize my current and/or former employers, schools, and personal references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging this information. I understand that all statements made are open to investigation by the Wise County Public Service Authority and that if any information given in this application is found to be false or misleading, I will be subject to disqualification for employment and/or dismissal from employment at any time during the period of my employment. I agree to hold Wise County Public Service Authority and persons named herein blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of the Wise County Public Service Authority. I agree to be responsible for the property and equipment issued to me by the Wise County Public Service Authority until returned by me and to pay for property and equipment not returned. I agree to submit to a physical examination if required. Further, I understand and agree that my employment is for no definite period of time and may, regardless of date of payment of my salary, be terminated at any time by the Wise County Public Service Authority.

Applicant's Signature

Date