



# Application for Employment

**Augusta County Service Authority**  
 18 Government Center Lane  
 PO Box 859  
 Verona, VA 24482  
 540-245-5670

**Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation should notify a representative of the Human Resources Department. Please print or type.**

Position applied for:
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**Personal Information:**

Name: (First)				(Middle)				(Last)				(Suffix)					
Address:						City:				State:				Zip Code:			
Country:						Home Phone Number:				Cell Phone Number:				Preferred Call Back Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell			
Email Address:																	
Check which shift(s) you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends																	
Do any friends or relatives work for the Augusta County Service Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list names and relationship:																	
For compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? (Please check): <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Have you been employed by the ACSA before? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please indicate when and position.																	
Date available for work:   ___ / ___ / ___								Will you work overtime/weekends/on-call if required? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<p>Answering "Yes" to the below question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, nature of violation, and position in which you are applying will be taken into consideration.</p> <p>Have you ever pled "guilty", "no contest", and/or been convicted for any violation of law, including moving traffic violations?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, please explain in the space below. Add additional page if necessary.</p> <p>Offense:                      Date of Charge:                      Date of Conviction:                      Location of Conviction:</p> <p>_____</p> <p>_____</p> <p>_____</p>																	

**Educational Information:**

Indicate highest grade completed:	If you did not complete high school, do you have a high school equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate number of years of post high school education:	

**Educational Institutions:**

Name of School and Location:	Credit/Hours:	Degree if applicable:
Major of Specialty if applicable:	Minor if applicable:	
Begin date:	End date (leave blank if still attending):	

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Major of Specialty if applicable:	Minor if applicable:	
Begin date:	End date (leave blank if still attending):	

**Work Experience: Please begin with most recent employer and list all employment including paid, internships, and volunteer work experience. Please also explain any gaps in employment. Add additional pages if necessary.**

Employer Name and Address:	Dates employed: From: To:	Job Title:	Starting Pay:	Most Recent / Ending Pay:
Duties: _____ _____ _____ _____ _____				
Supervisor's Name:	Supervisor's Title:	Phone:	Hours per week:	Type of Business:
Your name if different from present:	Number of employees you supervised:	Equipment used:	Type of Employment:	
Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

<b>Employer Name and Address:</b>	<b>Dates employed:</b> From: To:	<b>Job Title:</b>	<b>Starting Pay:</b>	<b>Most Recent / Ending Pay:</b>
<b>Duties:</b> _____ _____ _____ _____				
<b>Supervisor's Name:</b>	<b>Supervisor's Title:</b>	<b>Phone:</b>	<b>Hours per week:</b>	<b>Type of Business:</b>
<b>Your name if different from present:</b>	<b>Number of employees you supervised:</b>	<b>Equipment used:</b>	<b>Type of Employment:</b>	
<b>Reason for leaving:</b>		<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

<b>Employer Name and Address:</b>	<b>Dates employed:</b> From: To:	<b>Job Title:</b>	<b>Starting Pay:</b>	<b>Most Recent / Ending Pay:</b>
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<b>Your name if different from present:</b>	<b>Number of employees you supervised:</b>	<b>Equipment used:</b>	<b>Type of Employment:</b>	
<b>Reason for leaving:</b>		<b>May we contact for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

**References:**

<b>Name and Address:</b>	<b>Phone Number:</b>	<b>Email:</b>	<b>Relationship:</b>

**Additional Information:**

Please use this space for any additional information you think would help us evaluate your application including professional licenses, special training, skills, professional/trade/business/civic associations, and/or certificates/awards that may qualify you as being able to perform the job-related functions in the position for which you are applying. Exclude memberships that would reveal race, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any similarly protected status.

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Please indicate how you learned about this opportunity? \_\_\_\_\_

**Licenses:**

Do you have a valid driver's license?  Yes  No  
Do you have a Commercial Driver's License (CDL)?  Yes  No If yes, please specify class and any endorsements.

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**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application; or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. However, I understand that this application may continue to be active throughout the duration of the hiring process for the specific position in which I have applied if that takes longer than 30 days.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**  
**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_