



**MECKLENBURG
COUNTY** *Virginia*

Employment Application

Employment Opportunity:

Date:

Personal Information

Name (Last, First):

Prior Name:

Physical Address:

Mailing Address (if different):

Phone Number(s):

e-mail:

Social Security Number (Last 4 digits):

Driver's License:

State:

How did you find out about this position?

Work History

Please list your last three work experiences. Include volunteer experience, if applicable. As you describe your work history, please be sure to place emphasis on experiences or qualifications that are directly tied to the position for which you are applying.

Mecklenburg Work Experience

If you have ever been an employee of Mecklenburg County or are a direct relation of a Mecklenburg County employee, please list this information below. Do not include work performed for Mecklenburg County Schools.

Prior Mecklenburg Job Title:

Department:

Departure Date:

Total Years of Mecklenburg Service:

Related Employee:

Related Employee's Department:



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Most Recent Work Experience

Employer:

Location:

Job Title:

Top Three Job Duties:

1.

2.

3.

Date Employed:

End of Employment:

Total Length of Employment:

Full-Time or Part-Time (if part-time, list number of hours):

Supervisor:

Supervisor Contact (phone, email):

May we contact?:

Salary:

Reason for Departure:

Prior Work Experience

Employer:

Location:

Job Title:

Top Three Job Duties:

1.

2.

3.



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Date Employed:

End of Employment:

Total Length of Employment:

Full-Time or Part-Time (if part-time, list number of hours):

Supervisor:

Supervisor Contact (phone, email):

May we contact?:

Salary:

Reason for Departure:

Former Work Experience

Employer:

Location:

Job Title:

Top Three Job Duties:

1.

2.

3.

Date Employed:

End of Employment:

Total Length of Employment:

Full-Time or Part-Time (if part-time, list number of hours):

Supervisor:

Supervisor Contact (phone, email):

May we contact?:

Salary:

Reason for Departure:



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Educational History

	Institution Name	Years Attended	Graduation?	Major / Degree Program
High School				
Technical or Community College				
Undergraduate				
Graduate / Professional				

Training, Certifications, Licenses?:

Professional Memberships:

Additional Skills:

Military Service (Current or Former, including reserves)

Branch	Rank	Service Dates	Military Occupational Specialty / Area Assignment / Career Field

Do you wish to declare a service - connected disability?

Legal Status

For purpose of compliance with 8 United States Code § 1324a, are you legally eligible for employment within the United States? You will be required to verify this eligibility through documentation upon employment.



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References

References should be professional references. They may include supervisors listed in work history.

Name	Organization	Title	Phone	e-mail

I certify that I have given true, accurate and complete information on this form and in any attachments to the best of my knowledge. In the event confirmation is needed in connection with my employment opportunity, I authorize current and prior employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Applicant Signature

Date

Equal Opportunity Information

The Virginia Human Rights Act prohibits discrimination based on race, color, religion, sex, sexual orientation, gender identity, marital status, pregnancy, childbirth or related medical conditions, age, military status, disability, or national origin.