



Rockbridge County Public Service Authority

150 SOUTH MAIN STREET, LEXINGTON, VIRGINIA 24450 PHONE: (540)463-4329 FAX: (540)463-3126

APPLICATION FOR EMPLOYMENT

Unless otherwise stated, applications are only accepted for jobs which are currently open. Be sure to list the title of the job for which you are applying. Incomplete applications will not be considered. Mail or bring your application to the address listed above.

NAME _____
Last First Middle

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

POSITION APPLIED FOR _____

Have you previously worked for Rockbridge County PSA? YES NO

If YES give dates _____

If you are under 18 years of age can you provide proof of eligibility to work? YES NO

Are you legally eligible to work in the United States? YES NO
Proof of citizenship or immigration status will be required upon employment

Do you have a valid driver's license? YES NO

Do you have a valid commercial driver's license? YES NO

Are you available for Full-Time employment? YES NO

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EDUCATIONAL BACKGROUND

High School Graduate or GED?

 YES NO

Name & Location of College or University	Major/Subject	Degree Earned (Yes/No)
1		
2		
3		

List any special qualifications, skills, certificates, licenses, professional associates or additional information you feel would be helpful to us in considering your application.

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REFERENCES

Provide the names of three individuals not related to you, in addition to employment supervisors, who can provide information regarding your ability to perform this job.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

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EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. List all experiences in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position. Attach additional sheets if necessary.

1		Description of Work
	<i>from</i> _____ <i>To</i> _____	
Title or Position	_____	
Employer	_____	
Address	_____	
Supervisor	_____	
Telephone	_____	
		Reason for Leaving
Starting Salary	_____	
Ending Salary	_____	

2		Description of Work
	<i>from</i> _____ <i>To</i> _____	
Title or Position	_____	
Employer	_____	
Address	_____	
Supervisor	_____	
Telephone	_____	
		Reason for Leaving
Starting Salary	_____	
Ending Salary	_____	

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3	_____	_____	Description of Work
	<i>from</i>	<i>To</i>	
Title or Position	_____		
Employer	_____		
Address	_____		
Supervisor	_____		
Telephone	_____		

		Reason for Leaving
Starting Salary	_____	
Ending Salary	_____	

4	_____	_____	Description of Work
	<i>from</i>	<i>To</i>	
Title or Position	_____		
Employer	_____		
Address	_____		
Supervisor	_____		
Telephone	_____		

		Reason for Leaving
Starting Salary	_____	
Ending Salary	_____	

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May we contact your present employer for references?

Yes

No

Are you fully able to perform the essential duties as set forth
in the job description for this position, for which you are applying?

Yes

No

If no, please explain. A disability will not bar you from employment if you are able to perform the essential duties of the job with reasonable accommodations.

CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that false or incomplete statements may be grounds for disqualification from employment. I authorize Rockbridge County Public Service Authority to conduct a background investigation pursuant to my employment with the PSA. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connections therewith. I further understand that any employment is conditioned upon successful completion of a probationary period.

Signature

Date

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