



Rockbridge County Public Service Authority

Application for Employment

150 S. Main St.
Lexington, VA 24450
(540) 463-4329
FAX (540) 463-3126

Unless otherwise stated, applications are only accepted for jobs that 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 WORK PHONE
(Only if we may contact you at work)

POSITION APPLIED FOR

Your Social Security Number and a copy of your Social Security Card will be required upon employment.

Have you previously worked for Rockbridge County? 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 If Yes, State

Do you have a valid Commercial Driver's License? Yes No If Yes, State

Available for: Full-Time Part-Time Temporary work.

EDUCATIONAL BACKGROUND

High School Graduate or GED? Yes No

Name and Location of school

Year Graduated

Name & Location of college or university	Dates Attended	Major/Subject	Degree & Date
1.			
2.			
3.			

Describe any job related courses or training you have completed.

List any special qualification, skills, certificates, licenses, professional associations or additional information you feel will be helpful to us in considering your application.

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	Telephone	Years Acquainted

EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work.

List all experience 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. Dates of Employment

From To

Title/Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

2. Dates of Employment

From To

Title/Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

3. Dates of Employment

From To

Title/Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

4. Dates of Employment

From To

Title/Position

Employer

Address

Supervisor

Telephone

Starting Salary

Ending Salary

Description of work

Reason for leaving

May we contact your present employer for references? Yes No

May we contact you at your present place of employment? Yes No

Are you fully able to perform the essential duties of the job, 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.

Have you ever been convicted of any felony?

Yes No

If yes, please explain. A conviction does not necessarily disqualify an applicant from employment.

Have you ever been fired, terminated or forced to resign from a job?

Yes No

If yes, give name and address of employer and describe the circumstances. A firing, termination or forced resignation does not necessarily exclude you from employment.

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 PSA 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 connection therewith. I further understand that any employment is conditioned upon successful completion of a probationary period.

Signature _____

Date _____

The RCPSA is an Equal Opportunity Provider and Employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.