

APPLICATION FOR EMPLOYMENT

PRINCE WILLIAM COUNTY



**Crossing Guard Bureau
4361 Ridgewood Center Drive
Prince William, Virginia 22192**

24-Hour Job line PWC-INFO (792-4636) ext.332

Please read all instructions carefully and answer all questions completely. INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.

Type or print your answers in **BLACK** ink. If additional space is needed for any item on this form, entries should be continued on a separate sheet; number each entry to correspond to the number of the question on the form. Your name should be on each additional sheet. Be as specific as possible for all requested information.

Position Applied For: CROSSING GUARD

Name:	Social Security Number:
Last _____ First _____ MI _____	_____ - _____ - _____

Address:	Telephone:	Date Available:
Street _____	Apt. No _____ Home () _____	_____
City _____ State _____ ZIP _____	Office () _____	_____

Have you ever been employed by Prince William County Government?	Yes ___ No ___
If YES: Date(s) of employment: _____ to _____	

List names of relatives presently employed by Prince William Government:
(Name) _____ (Agency) _____ (Relationship) _____

Person to contact in case of emergency:	
Name/Relationship _____	Phone Home () _____
	Office () _____

Referral Source
<input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Job Fair <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> PWC Employee <input type="checkbox"/> Banner
<input type="checkbox"/> Internet (Specify site) _____ <input type="checkbox"/> Other: _____

Experience: List below in reverse chronological order all employment experience for at least the last 10 years, beginning with your present employment. Any periods of unemployment, military service and part-time work should be included:

Date of Employment	Full Name, Complete Address and Telephone # of Employer	Name of Supervisor, your position & salary	Reason for Leaving (exclude any Medical/Disability Reasons.)
To: Present From:			
To: From:			
To: From:			
To: From:			
To: From:			
To: From:			
To: From:			

1. For the purpose of compliance with Section 40.1-11-1 of the Code of Virginia, entitled "Employment for illegal immigrants", please state whether you are legally eligible for employment in the United States (You are legally eligible for employment if you are a United States Citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor)

Yes No

Please indicate your qualifying status: Permit to work US Citizen

2. Have you ever been terminated or forced to resign or have you ever resigned in order to avoid being terminated?

Yes No

If yes, please explain:

3. Have you ever been convicted of a crime? (Exclude any offenses committed before your 18th birthday which were adjudicated in a Juvenile Court or committed and expunged under a Youth Offender Law or any traffic violations for which you only paid a fine.)

Yes No

If yes, please explain:

4. Do you have a valid driver's license?

Yes, State licensed in: _____ No, Are you eligible to obtain a valid driver's license? Yes No

5. Do you have a valid commercial driver's license? Yes No

6. May inquiry be made of your present employer regarding your qualifications? Yes No

7. Is there any reason why you cannot perform the duties of the position you applied for? Yes No

EDUCATION

Did you graduate from High School? Yes No

If No, do you have a GED? Yes No

If No, give grade completed

Name and location (City & State) of college, university or graduate school attended:	Total Credit Hours Completed:		Major/Minor	Degree Received?
	Sem.Hrs	Qtr. Hrs		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	Type: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional References

Please list three persons who are not related to you and who have knowledge of your qualifications. Please DO NOT list a previous supervisor since we automatically interview your previous employer(s).

1. Name: _____
Address: _____

City: _____ State: _____
Zip: _____
Phone Number: _____ Best time to contact: _____
Occupation: _____ Length of time known: _____

2. Name: _____
Address: _____

City: _____ State: _____
Zip: _____
Phone Number: _____ Best time to contact: _____
Occupation: _____ Length of time known: _____

3. Name: _____
Address: _____

City: _____ State: _____
Zip: _____
Phone Number: _____ Best time to contact: _____
Occupation: _____ Length of time known: _____

PLEASE BE SURE TO SIGN YOUR APPLICATION

I hereby certify that this application is a complete record and that all entries given are true and accurate to the best of my knowledge. I understand that any attempt to practice deception or fraud in this application is grounds for disqualification or termination. I consent to verification of all information contained of this employment application and I authorize Prince William County to contact my references and previous employers to determine my qualifications for this position.

DATE _____

SIGNED _____