



PITTSYLVANIA COUNTY SERVICE AUTHORITY

P.O. Box 209, Blairs, VA 24527

Telephone: (434) 836-7135

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www.pcsa.co

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please type or print legibly using ink. Read the job announcement before filling out this application when submitting for an advertised position. Applications must be completed and signed. You may attach a resume to this completed application; however a resume is not a substitute for this application. The PCSA does not discriminate based on race, color, religion, political affiliation, national origin, disability, marital status, gender, age or genetics.

Position Applying For: _____ Date: _____
Full Legal Name: _____
Street, City, State, Zip: _____
Telephone: (Home) _____ (Work) _____ (Mobile) _____
Email Address: _____

EDUCATION

High School Name and Location: _____
Diploma: Yes No
College Name and Location: _____
Diploma: Yes No Type: _____
Describe any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

WORK EXPERIENCE *List below your 4 previous employers beginning with the most recent:*

From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
Your Title: _____ Immediate supervisor: _____ Phone _____
Describe your duties: _____
Reason for leaving: _____

From: _____ To: _____ Employer Name: _____
Address: _____
Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
Your Title: _____ Immediate supervisor: _____ Phone _____
Describe your duties: _____
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 Address: _____
 Hours per Week: _____ Beginning pay: _____ Ending Pay: _____
 Your Title: _____ Immediate supervisor: _____ Phone _____
 Describe your duties: _____

 Reason for leaving: _____

REFERENCES

List persons, other than relatives or former supervisors, who know your qualifications and/or your character:

NAME	ADDRESS	PHONE	RELATIONSHIP TO YOU

GENERAL INFORMATION

Can you perform the essential duties of the position without an accommodation?
 Yes No If no, please explain: _____

Are you eligible for employment in the U.S. under the Immigration Reform and Control Act? Yes No

If under 18, can you provide required proof of your eligibility to work? Yes No

Do you have a valid Driver's License? Yes No License Number _____ State _____

Do you have a valid Commercial Driver's License? Yes No If so, what state? _____

List and attach photocopies of all your certifications required for the position: _____

If you are an experienced operator of any business machines, computers, tools or heavy equipment, tell us:

Can you meet the attendance requirement of this job? Yes No

Indicate if you can work shift work: Regular Shifts? _____ Yes No Irregular Shifts? _____ Yes No

You are not required to list criminal and/or traffic convictions while completing the application. However, examination of criminal history is required for certain positions. If you are selected as a finalist, this step becomes necessary. A conviction does not automatically mean that you cannot be employed.

May we ask your present employer about you? Yes No

I hereby certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me or for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I authorize you to contact my former employers, schools, and references. I release all employers, firms, schools and individuals of any and all liability for release of this information. My signature authorizes drug screening, investigative reports, criminal record checks and post-offer physical examination if required by the position. I understand that this employment application is not an employment contract and, if employed, my employment with the Pittsylvania County Service Authority is at will and may be terminated at any time and for any or no stated reason.

Signed: _____ Date: _____