



**Employment Application**  
**County of Clarke, Virginia**  
101 Chalmers Court, Suite B  
Berryville, VA 22611  
Email: HR@clarkecounty.gov

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The County of Clarke, Virginia is an Equal Opportunity Employer and does not discriminate against employees or applicants from employment on the basis of race, traits historically associated with race, color, religion, ancestry, national origin, military status, sex, sexual orientation, gender identity, age, disability, genetic information, marital status, pregnancy, childbirth or related medical conditions including lactation, or other reasons prohibited by law.

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**Personal Data**

Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_  
*Last First Middle*

Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City State Zip*

Are you eligible for employment in the United States?  Yes  No *If hired, you are required to provide proof of your eligibility to work in the United States.*

Are you at least eighteen years of age?  Yes  No *If no, age is subject to verification prior to hire.*

Position(s) applied for: \_\_\_\_\_

Have you previously been employed by Clarke County?  Yes  No *If yes, when?* \_\_\_\_\_

*If yes, which department(s)* \_\_\_\_\_

**List below any job-related skills, experiences, certifications and/or qualifications that would be of benefit in the position(s) for which you are applying. [If additional space is needed, use Page 5.]**

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On what date would you be available to begin work? \_\_\_\_\_

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**Employment History** [You need list only those employers for whom you have worked in the past ten years.]

If additional space is needed, use Page 5.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ May We Contact:  Yes  No  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ May We Contact:  Yes  No  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ May We Contact:  Yes  No  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ May We Contact:  Yes  No  
Job Title: \_\_\_\_\_ Start Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_

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I give my permission to contact the employers listed as indicated above. \_\_\_\_\_

*Signature*

May we contact you at home?     Yes     No    If yes, what is the best time to call? \_\_\_\_\_

May we contact you at work?     Yes     No    If yes, what is the best time to call? \_\_\_\_\_

**Education** *If additional space is needed, use Page 5.*

<i>School</i>	<i>Name and Address of School</i>	<i>Course of Study, Certificates, Awards</i>	<i>No. Years Completed</i>	<i>Diploma or Degree</i>
High			1 <input type="checkbox"/>	
			2 <input type="checkbox"/>	
			3 <input type="checkbox"/>	
			4 <input type="checkbox"/>	
College			1 <input type="checkbox"/>	
			2 <input type="checkbox"/>	
			3 <input type="checkbox"/>	
			4 <input type="checkbox"/> More <input type="checkbox"/>	
Other [Specify – Trade School, US Armed Services, Certified Courses, etc.]				

**Personal References** *If additional space is needed, use Page 5.*

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>No. Years Acquainted</i>

**Please Read and Sign Below**

By my signature below, I certify that I have not withheld any information requested and that all the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts, or omission of facts, on this application is sufficient cause for dismissal. I also authorize the County of Clarke, Virginia to verify statements made on this application by investigation as deemed advisable. I further understand that any offer of employment I may receive from Clarke County is contingent upon my successful completion of the total pre-employment screening process, which may include such investigations as criminal or civil convictions, driving records, previous employers and others as deemed appropriate. I agree to cooperate fully with such an investigation.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release Clarke County and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and any local, state or federal agency records as deemed necessary.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United States in compliance with the Immigration Reform and Control Act of 1986. In addition, I further understand that nothing contained in this employment application or in Clarke County Personnel Policies or in the granting of an interview is intended to create an employment contract between Clarke County Government and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

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*Signature of Applicant*

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*Date*



