## NELSON COUNTY SERVICE AUTHORITY APPLICATION FOR EMPLOYMENT

Nelson County Service Authority is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment in any manner as prescribed by law

| Name:           |                      |                                                               |                           |                | SS#            |            |  |
|-----------------|----------------------|---------------------------------------------------------------|---------------------------|----------------|----------------|------------|--|
|                 | Last                 | First                                                         | И                         | Middle Initial |                |            |  |
| Address:        | Address:             |                                                               |                           |                | elepho         | ne         |  |
|                 | Street               | City/State                                                    |                           | Zip Code       | -              |            |  |
| Position App    | plying For:          |                                                               |                           | Plea           | se Atta        | ch Resume. |  |
|                 |                      |                                                               |                           | *              |                |            |  |
| α:              |                      |                                                               | ENT HISTORY               | -              | act thro       | a 1/20*0)  |  |
|                 |                      | applicable, any additional jobs held<br>Immediate Supervisor: |                           | Dates Employed |                |            |  |
| Employer.       |                      | Intiliodiate Super visor.                                     |                           | From:          |                |            |  |
| Address:        |                      |                                                               | Telephone No:             |                |                |            |  |
| Job Title:      |                      |                                                               | Starting Salary:          |                | En             | ding:      |  |
| Work Perform    | ned:                 |                                                               | Reason for Leavi          | ng:            |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                | 455        |  |
| Employer:       |                      | Immediate Sur                                                 | nervisor:                 | Dates Emp      | loved          |            |  |
| Employer.       |                      | miniodiate bup                                                | Infilinediate Supervisor. |                | iojea          | То:        |  |
| Address:        |                      |                                                               | Telephone No:             |                | t.             | a          |  |
| Job Title:      |                      |                                                               | Starting Salary:          |                | En             | ding:      |  |
| Work Perform    | ned:                 |                                                               | Reason for Leaving:       |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
| Employers       |                      | Immediate Sup                                                 | ervicor:                  | Dates Emp      | Dates Employed |            |  |
| Employer:       |                      | miniculate Supervisor.                                        |                           | From: To:      |                |            |  |
| Address:        | Telephone No:        |                                                               |                           |                |                |            |  |
| Job Title:      |                      |                                                               | Starting Salary: Ending:  |                |                |            |  |
| Work Performed: |                      | Reason for Leaving:                                           |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
| -               |                      |                                                               | UCATION                   |                | /h # 4         | CD 4/III   |  |
| School          | Print Name, Number   |                                                               |                           | Degree/        | Major          | GPA/Honors |  |
| High School     | State and Zip Code f | or Each achout                                                | Completed                 |                |                |            |  |
| THEII DOLLOOL   |                      |                                                               |                           |                |                |            |  |
| College         |                      |                                                               |                           |                |                |            |  |
|                 |                      |                                                               |                           |                |                |            |  |
| Graduate        |                      |                                                               |                           |                |                |            |  |
| School          |                      |                                                               |                           |                |                |            |  |

| Applicant Name                                                     | Page 2                                                                                     |                               |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------|
| List any professional certificati                                  | ons and licenses held:                                                                     |                               |
| CERTIFICATION/LICENSE                                              | ISSUED BY                                                                                  | DATE                          |
|                                                                    |                                                                                            | Bills                         |
|                                                                    |                                                                                            |                               |
|                                                                    |                                                                                            |                               |
|                                                                    |                                                                                            |                               |
| List any job-related skills or qua                                 | lifications that support your application                                                  | 1:                            |
| -                                                                  |                                                                                            |                               |
| Do you have a non-solicitation of                                  | ng for require a CDL or Virginia Drive ood standing?r non-compete agreement with any price | or employer?                  |
| Have you filed an application with                                 | th this Authority before? If yes, give da                                                  | ate:                          |
| May we contact your present emp                                    | ployer? (Y)(N)Date available fo                                                            | r work:                       |
|                                                                    | Do you have a relative working                                                             |                               |
| Have you ever been convicted of offenses prior to 18 years of age) | a Misdemeanor Felon                                                                        | y(Exclude                     |
| If yes to the above question please                                | e provide Dates and Type of                                                                | Convictions                   |
| List three individuals (not relative                               | s or former employers) who have know                                                       | n you for at least two years. |
| NAME                                                               | ADDRESS AND TELEPHONE                                                                      | OCCUPATION                    |
|                                                                    |                                                                                            |                               |
|                                                                    |                                                                                            |                               |
|                                                                    |                                                                                            |                               |
|                                                                    |                                                                                            |                               |

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| Applicant    | Name          |  |
|--------------|---------------|--|
| - Apparation | T 1002 F. 1 0 |  |

## APPLICANT'S STATEMENT

If I am offered and accept employment with the Nelson County Service Authority, I understand that my employment is at-will and that as such the Authority and I each remain free to terminate our employment relationship, with or without advance notice for any reason or for no reason at all. I further understand that an oral promise, policy, custom, business practice or other procedure (including any employee handbook or employment related material) does not constitute an employment contract or modification of the at-will employment relationship between the employer and myself. Only the Executive Director of the Authority (as directed by the Board) has authority to modify the at-will nature of employment or to modify any policy. Any such modification to the at-will status must be in writing as an express amendment to the at-will policy and signed by the Executive Director in order to be enforceable.

I have read, understand, and agree to adhere by the policies as set forth in this application and other employment related materials in the event I am offered employment.

Should I be offered employment I understand that my employment will be contingent upon the satisfactory completion and maintenance of required regulations under The Virginia Department of Transportation (as required for certain positions) and the general policies of the Authority for all employees.

I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may be cause for dismissal at any time without any previous notice.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, licensing agencies, boards and associations, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify the Authority, its employees, officers, directors and agents, and authorized representatives from any claims or liability as a result of such contact. I also hereby release employers, schools, agencies, boards, associations, reporting entities and other persons from all liability in responding to inquiries in connection with this application.

I understand that employment of certain position classifications as deemed appropriate are contingent upon regulations pertaining to current CDL and/or satisfactory driving record, satisfactory background check, satisfactory drug testing, and as such I may be required to furnish proof of same as required by the Authority after an initial offer of employment and regularly thereafter. I agree that this instrument shall serve as my permission to conduct such after-hire testing and checks if required.

| Please print Name: | <del></del> |  |
|--------------------|-------------|--|
| Signature:         | Date:       |  |

## NOTICE TO APPLICANTS

Nelson County Service Authority (the "Authority") is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, national origin, sex, age, disability, veteran status or other status protected by law.

The contents of any employee handbook, policies and procedures, or benefits offered to eligible, full time or part-time, regular employees are subject to amendment, alteration, or abolishment of any or all of these policies and benefits as circumstances warrant with or without advance notice to employees, other than as may be required by law.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Authority and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Authority.