

APPLICATION FOR EMPLOYMENT CITY OF FAIRFAX

Mail:
10455 ARMSTRONG STREET
FAIRFAX, VIRGINIA 22030
OR

Email:
Jobs@fairfaxva.gov



Job applied For: Job Number			
PERSONAL DATA			
1. Last Name:	First Name:	Middle:	Social Security #:
2. Address: Street / P.O. Box City, State Zip			
Are you a resident of the City of Fairfax? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Telephone: (Home) () - (Work) () - Email Address:			
4. Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Note: All prospective employees must submit proof of identity and eligibility for employment in the United States prior to appointment. A Social Security card and driver's license are preferred.</i>			
5. Have you reviewed the list of job duties in the job announcement and/or job class description for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you ever worked for the City of Fairfax? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, When? (From:) MM/YY (To:) MM/YY		Previous Job Title(s): Which Department(s)?	
7. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , State License #: Do you have a Commercial Drivers' License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a CDL Instruction Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have a CDL , choose as many as apply to you: Vehicle Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Air-Brakes <input type="checkbox"/> M Endorsements: <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T			
8. Are you willing to accept the salary as stated on the job announcement? <input type="checkbox"/> Yes <input type="checkbox"/> No If not , what is your desired salary?			
If hired, when would you be able to start? xx/xx/xxxx			
9. How did you learn about the job for which you are applying? <input type="checkbox"/> Newspaper, Name: <input type="checkbox"/> City Employee, Who? <input type="checkbox"/> Job Announcement, Posted where? <input type="checkbox"/> Job Line Recording <input type="checkbox"/> other:			

EDUCATION AND TRAINING

10. Highest grade you have completed? ---

Last high school you attended:

Name:

Location:

Did you graduate? Yes No

If **not**, have you passed a G.E.D test? Yes No

A. College or University

School Name & Location	From:	To:	Credits Sem	Credits Qtr	Date Graduated	Degree	Major Area of Study
	xx/xx/xxxx	xx/xx/xxxx			xx/xx/xxxx		
	xx/xx/xxxx	xx/xx/xxxx			xx/xx/xxxx		
	xx/xx/xxxx	xx/xx/xxxx			xx/xx/xxxx		

B. Other Education and Training

List the names and dates of special courses you've taken or work training programs, armed forces training, etc. that you've received.

C. Special Qualifications and Skills

List any other names and dates of special courses you've taken or work training programs, armed forces training, etc. that you've received.

D. For Driving Positions Only

List the types of vehicles you can operate and the amount of experience you have had operating each type.

E. For Positions that require Office Skills and Computer Skills

Type Speed: wpm Shorthand Speed:

Other:

List the types of computers, software, office machines, etc. that you can use.

EXPERIENCE HISTORY

The selection process for most positions involves an evaluation of relevant experience and education. It is important, therefore, that you provide enough details so that your qualifications can be properly evaluated. Start with your present or most recent job and work back. Include military service and volunteer experience. **Please list all information requested**, especially as it relates to the job for which you are applying.

A. Present or Most Recent Employer:	Dates of Employment: (From) xx/xx/xxxx (To) xx/xx/xxxx
Address: Street City _____, State _____ Zip _____	Average # of hours per week: Telephone:
Job Title:	Salary: (Starting) _____ (Present) _____
Supervisor's Name:	Supervisor's Title:

Will you leave (have you left) this job? Why?

Describe Your Work:

B. Previous Employer:	Dates of Employment: (From) xx/xx/xxxx (To) xx/xx/xxxx
Address: Street City _____, State _____ Zip _____	Average # of hours per week: Telephone:
Job Title:	Salary: (Starting) _____ (Ending) _____
Supervisor's Name:	Supervisor's Title:

Why did you leave this job?

Describe Your Work:

C. Previous Employer:	Dates of Employment: (From) xx/xx/xxxx (To) xx/xx/xxxx
Address: Street City _____, State _____ Zip _____	Average # of hours per week: Telephone:
Job Title:	Salary: (Starting) _____ (Ending) _____
Supervisor's Name:	Supervisor's Title:

Why did you leave this job?

Describe Your Work:

D. Previous Employer:	Dates of Employment: (From) xx/xx/xxxx (To) xx/xx/xxxx
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Address: Street City , State Zip	Average # of hours per week: Telephone:
Job Title:	Salary: (Starting) (Ending)
Supervisor's Name:	Supervisor's Title:

Why did you leave this job?

Describe Your Work:

ADDITIONAL QUESTIONS

May we conduct a background check of your qualifications, character, and record of employment? Yes No
If "No", please explain:

Have you ever been convicted of any offense against the law? Include convictions by general court martial while in the military service. Do not include juvenile offenses and minor traffic violations. ? Yes No

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Court</u>	<u>Fine/Sentence</u>
xx/xx/xxxx				
xx/xx/xxxx				

A conviction does not automatically mean that you cannot be employed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made.

If you are applying for a position with the Police Department or Fire Department, complete the following:
Birth Date: **xx/xx/xxxx** Are you a U.S. Citizen? Yes No

If you wish, you may list up to two personal references in the spaces provided below.

<u>Name</u>	<u>Street Address</u>	<u>City, State, Zip</u>	<u>Telephone</u>

ATTENTION: YOU MUST READ THIS STATEMENT AND SIGN YOUR APPLICATION.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun to work. I understand that all information contained in this application may be subject to verification

I understand that my fingerprints and police record will be checked if I am to be employed.

I understand that if I am applying for a position that will require driving a City vehicle, a driving record check for pre-employment will be conducted by the City through the Department of Motor Vehicles, and I authorize approval for this to be done.

I understand that I may receive a conditional offer of employment contingent upon passing the City's physical examination process (if job related) that can include substance abuse tests. I also agree to submit to a Criminal History Background Investigation which is required of all employees.

I understand that this application is not intended to be a contract of employment, and if I am employed, my employment will be as an employee at will, and that my employment may be terminated by the employee or employer at any time, with or without cause.

As your application is processed, all or part of the information which is contained herein may be disseminated to another agency, non-governmental organization, system or person who would not have regular access to the information. The purpose of this dissemination will be for the evaluation of your application. By signing this application, you are providing the City with permission to disseminate the information as deemed necessary by the City.

Signature of Applicant

Date

CITY OF FAIRFAX APPLICANT DATA CARD

*Please complete this Data Card and return it to the Personnel Department with your application. The information requested is needed in order to comply with federal government regulations. It will be used for statistical purposes only and will aid in measuring the effectiveness of the City's Equal Employment Opportunity program. This information **will not** remain as a part of your application.*

1. Last Name:	First Name:	Middle:
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2. Social Security #: - -	3. Date of Birth: / /
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4. Job applied For:	5. Announcement Number -
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6. Sex: Male Female

7. Race/Ethnic Origin (Check one):

- | | |
|---|---|
| <input type="checkbox"/> White | (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Black | (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa. |
| <input type="checkbox"/> Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |
| <input type="checkbox"/> Asian or Pacific Islander | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Phillipine Islands, and Samoa. |
| <input type="checkbox"/> American Indian or Alaskan Native | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |

_____ Signature of Applicant	_____ Date
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