



Office of the County Administrator  
P. O. Box 177, King and Queen Courthouse, Virginia 23085  
Phone: (804) 785-5975 – Fax: (804) 785-5999

**King and Queen County Administrator's Office**

**King and Queen County  
APPLICATION FOR EMPLOYMENT**

**NOTICE: King and Queen County only employs U.S. Citizens and aliens authorized to work in the United States. In connection with this, all offers of employment are contingent on the production of certain documents that establish identity and eligibility to work in the U.S. U.S Citizens will be required to produce a valid driver's license or ID card with photo and an original Social Security Card or a certified copy of a birth certificate or other documents that establish identity and eligibility to work in the U.S.**

**King and Queen and its employees are subject to the Drug-Free workplace Act of 1988. You will be subject to drug and alcohol testing requirements.**

**PERSONAL INFORMATION**

Please provide your personal and contact information.

Name (Last, First, MI)

Nickname

Street Address

City

State

Zip Code

Mailing Address (if different from above)

( ) - - ( ) - - ( ) - -

Home Phone

Cell Phone

Other Phone

Position Applying For:

E-mail  
Address

Are you at least 18 years of age?

## REFERENCES

**Please provide three personal references.**

1) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address

2) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address

3) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address

**EDUCATION**

**Please provide the following educational information.**

\_\_\_\_\_  
Name of High School Attended                      City, State

Circle the highest grade you have completed:      1 2 3 4 5 6 7 8 9 10 11 12

Circle all that currently apply to you:

GED    High School Diploma    Associate's    Bachelor's    Master's    Doctoral    Business

Other Certifications:

\_\_\_\_\_  
\_\_\_\_\_

List all colleges, universities, trade, vocational and military schools you have attended:

\_\_\_\_\_  
Name of Institution    City, State

\_\_\_\_\_  
Name of Institution    City, State

\_\_\_\_\_  
Name of Institution    City, State

What languages do you speak fluently?

\_\_\_\_\_

Give information regarding your office and computer experience including Software knowledge and skills?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

If offered employment by the County, when will you be able to start work:

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Is anyone related to you either an official of or now employed by King and Queen County? If yes, give name and position with County:

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**EMPLOYMENT**

**Please provide the following experience information beginning with the current or most recent and working back from the last ten years. (If more space is needed please use additional sheet.)**

\_\_\_\_\_  
Employer ( ) - -  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

/ /  
Begin Date End Date

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer ( ) - -  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

/ /  
Begin Date End Date

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer ( ) - -  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

/ /  
Begin Date End Date

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize, without liability, any person or organization whose name I have given as a reference, or by whom I have previously been employed, to furnish the King and Queen County Administration Office any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. I hereby release all such persons and organizations from any claims for damages of any kind which may result by reason of furnishing such information.

I have read and understand each of the paragraphs appearing in this application and further certify that this application was completed by me and that all entries and information placed on it are true and complete. I understand that any false, incomplete or deceptive response made by me on this application or other required documents shall be grounds for denial of employment or discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please mail completed application to:**

**King and Queen County Administrator's Office**

**P. O. Box 177**

**King and Queen Courthouse, Virginia 23085**

**Attn: Human Resources**

**OR**

**Deliver in person to our office at:**

**242 Allen's Circle, Suite L**

**King and Queen Court House, VA 23085**