



Employment Application

Applicant Information								
Full Name:				Date:				
L	ast Fi	irst			М.І.			
Address:								
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	Email				
Date Availat	ble to start:					Desired Sa	lary: <u>\$</u>	
Position App	lied for:							
Are you a ci	izen of the United States?	YES	NO □	lf no, a	are you a	authorized to work i	YES in the U.S.? □	NO □
Have you ev for Campbel	rer worked for the Authority or I County?	YES	NO □	lf yes,	when?			
YES NO Have you ever been convicted of a felony?								
lf yes, expla	n:							
If you are selected for a position with the Authority, will you agree to background testing, drug YES NO screening, and review of your driving record?							NO □	
			Educa	ation				
High School	:		Address:					
From:			graduate?	YES	NO □	Diploma:		
College:			Address:					
From:	To: I	Did you	graduate?	YES		Degree:		
Other:			Address:					
From:	To: [Did you (graduate?	YES	NO □	Degree:		

References

Please list i	three professional references.						
Full Name:				Relationship:			
Company:				Phone:			
Address:							
Full Name:				Relationship:			
Company:				Phone:			
Address:							
Full Name:				Relationship:			
Company:				Phone:			
Address:							
	Previous E	mployme	ent				
Company:				Phone:			
Address:				Supervisor:			
Job Title:							
Responsibili	ities:						
From:	То:	Reason for Leaving:					
May we con	tact your previous supervisor for a reference?	YES	NO	If no, why not?			
Company:				Phone:			
Address:				Current is an			
Job Title:	Starting S						
Responsibili	ities:						
From:	То:	Reason fe					
May we con	tact your previous supervisor for a reference?	YES	NO	If no, why not?			
0				Dhar			
Company: Address:				_ Phone:			
AUULESS:				Supervisor:			
Job Title:	Starting S	Starting Salary:			Ending Salary: <u>\$</u>		

Responsibilities:							
From:	То:		Reason for Leaving:				
May we contact your	previous supervisor for a reference?	YES	NO □	If no, why not?			
	use this space to list additiona ir application, including trainin or special	g, semina	rs, wo				
	Military	Service					
Branch:			_ Fro	m:	То:		
Rank at Discharge:		Type of I	Dischar	je:			
If other than honorabl	e, explain:						
	Disclaimer a	and Signat	ure				
I certify that my answ	wers are true and complete to the be	est of my kno	owledge),			
If this application lea interview may result	nds to employment, I understand tha in my release.	t false or mi	sleading	g information in m	y application or		

Signature: _____ Date:_____

Instructions for submitting the Campbell County Utilities and Service Authority Employment Application

This is an electronically fillable PDF form. Read these instructions completely prior to filing out this application.

Fill out the form, print it, and then submit it through the US Postal Service or e-mail to the contact provided in the advertisement. *Hand-written forms are acceptable; forms do not have to be completed on computer. Forms are also available at 20644 Timberlake Road; Lynchburg, VA 24502.*

Navigating Within the Application (to complete fillable form)

If you are entering information online, you can go from field to field by using your Tab key on you keyboard or by navigating by using your mouse.

Use the Space Bar to check and uncheck boxes when using your Tab key to navigate within the form, or you can use your mouse once your pointer turns into a finger on a hand pointing upward and then clicking with the left mouse button,

Print the application for submission as well as a copy for your records. You will not be able to save the file to your computer using Adobe Reader.

To download the latest version of Adobe Reader, visit http://www.adobe.com/downloads