



# Shenandoah Valley SWCD

1934 Deyerle Avenue, Suite B  
Harrisonburg, VA 22801  
(540) 534-3105

An Equal Opportunity Employer

## Application for Employment

Please print in ink (preferable black) or type  
Revised: 8/2/2024

Employees of the Shenandoah Valley SWCD and applicants for employment will be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

As a means of accommodation for persons with disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Shenandoah Valley SWCD.

**Applicant must be at least 18 years of age by time of employment.**

- 1. Position \_\_\_\_\_
  - 2. Date of application \_\_\_\_\_
  - 3. Full Legal Name \_\_\_\_\_
  - 4. Home Phone ( ) \_\_\_\_\_
  - 5. Address \_\_\_\_\_
  - 6. Cell or Other Phone ( ) \_\_\_\_\_
  - 7. Email \_\_\_\_\_
- City State Zip

### 8. EDUCATION

- a. Check highest grade completed.  6  7  8  9  10  11  12
- b. If you did not complete high school, do you have a high school equivalency diploma? \_\_\_\_ Yes \_\_\_\_ No
- c. Check number of years of post-high school education.  1  2  3  4  5  6  7

Name of High School and Higher Education Institution	Degree Received	Major	Minor
1. _____			
2. _____			
3. _____			

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date. \_\_\_\_\_

### 9. EXPERIENCE Starting with the most recent, describe ALL paid, military, and applicable voluntary experience and explain any gaps.

Highlight the knowledge, skills, and abilities that best demonstrate your qualifications for this position.

May we contact your present supervisor? \_\_\_\_ Yes \_\_\_\_ No

- a. **Job Title** \_\_\_\_\_ **Duties** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
Dates of employment (mo/yr) \_\_\_\_\_ - \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Hours/week Your name if different from present \_\_\_\_\_
- b. **Job Title** \_\_\_\_\_ **Duties** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
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\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Hours/week Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Number of employees you supervised \_\_\_\_\_  
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 \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Hours/week Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills. \_\_\_\_\_  
 \_\_\_\_\_

10. **REFERENCES**

List names, email addresses, phone numbers, and relationships of three references not related to you who know your qualifications.

Name	Email Address	Phone	Relationship	# of Years Known
1. _____				
2. _____				
3. _____				

11. **MISCELLANEOUS**

- a. Are you able to meet the attendance requirements of this position?  Yes  No
- b. Will you work overtime if required?  Yes  No If **no**, please explain. \_\_\_\_\_
- c. For the purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No If hired, you are required to complete a certification verifying that you are eligible to be employed as well as verifying your identity per the Immigration Reform and Control Act of 1986; you are also required to provide documentation to support this certification.
- d. Do you have a valid driver's license?  Yes  No
- e. Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  Yes  No
- f. When are you available to start work?  2 weeks notice  Other \_\_\_\_\_

12. **CERTIFICATION**—Each application requires current date and original signature.

I hereby certify that all entries included in this application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with the SVSWCD. I understand that all information on this application is subject to verification, and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the SVSWCD to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations, or systems on a need-to-know basis for good cause shown, as determined by the agency head or designee.

I certify that I have read, fully understand, and accept all terms of the above statement.

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

\_\_\_\_\_  
 Date

# PSNT Applicant Availability

Name:

What date are you available to start work?

Are you available Monday through Friday?

Yes    No

If no, indicate which days you are NOT available:

Are you available 8:00 a.m. through 4:30 p.m.?

Yes    No

If no, indicate what time you will be regularly available to work.

Do you have any scheduled vacations this summer?

Yes    No

Indicate dates of scheduled vacation; if unknown, write “unknown.”

Indicate the total number of hours you are available to work in a week.

20 hours/week or less

20-32 hours/week

32-40 hours/week

40+ hours/week

Please enter any additional information that you would like to share regarding your availability and potential schedule for the summer.

Supplementary Experience Form

Name \_\_\_\_\_

Position Applied for \_\_\_\_\_

**Job Title** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
Dates of employment (mo/yr) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Hours/week

**Duties** \_\_\_\_\_  
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\_\_\_\_\_  
Number of employees you supervised \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

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Dates of employment (mo/yr) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_ Hours/week

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