Norfolk Circuit Court
Clerkôs Office

Application for Employment

1. Social Security No. _____

2. Full legal name _____ (Last) _____ (First) _____ (Middle)

3. Address _____

_____ (City) _____ (State) _____ (Zip)

4. Home Phone _____

5. Other Phone _____

6. E-mail Address _____

7. **EDUCATION**

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐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 and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
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: _____

8. **EXPERIENCE** ð *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time ☐ Part-time ☐ Hours/week
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time ☐ Part-time ☐ Hours/week
Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
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: _____

e. Automated word processing (specify equipment) _____
Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driverôs), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

9. **REFERENCES**
List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

a. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

b. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.
If no, state reason:

c. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No

d. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:

1. Description of offense:
Statute or ordinance (if known): Date of Charge: ; Date of Conviction
County, City, State of Conviction:
2. Description of offense:
Statute or ordinance (if known): Date of Charge: ; Date of Conviction
County, City, State of Conviction:
3. Description of offense:
Statute or ordinance (if known): Date of Charge: ; Date of Conviction
County, City, State of Conviction:

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
____ Month ____ Day ____ Year

12. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*
I hereby certify that all entries on both sides 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 in the service of the Clerk of Norfolk Circuit Court. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Clerk 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 Clerk or Chief Deputy.

Date _____ **Applicant Signature** _____