

SKILLS

PLEASE LIST THE KINDS OF OFFICE EQUIPMENT OR CONSTRUCTION EQUIPMENT YOU CAN OPERATE _____

NUMBER OF WORDS PER MINUTE _____ SHORTHAND _____ TYPING _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training _____ _____ _____	Branch of Service _____
	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge _____
	Date of Final Discharge _____

Reserve status: _____ Active _____ Non-applicable _____ Type of discharge _____

EMPLOYMENT HISTORY

INCLUDE MILITARY HISTORY, PART TIME, TEMPORARY, AND SEASONAL EMPLOYMENT

LIST PRESENT OR LAST EMPLOYER FIRST

1 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

 SUPERVISOR _____
 SUPERVISOR'S TITLE _____
 TELEPHONE _____
 EMPLOYED FROM _____
 EMPLOYED TO _____
 STARTING SALARY _____ PER _____
 ENDING SALARY _____ PER _____ REASON FOR LEAVING _____

 ACCOUNT FOR TIME BETWEEN JOBS _____

2 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

 SUPERVISOR _____
 SUPERVISOR'S TITLE _____
 TELEPHONE _____
 EMPLOYED FROM _____
 EMPLOYED TO _____
 STARTING SALARY _____ PER _____
 ENDING SALARY _____ PER _____ REASON FOR LEAVING _____

 ACCOUNT FOR TIME BETWEEN JOBS _____

3 EMPLOYER _____ YOUR JOB TITLE _____
 ADDRESS _____ DESCRIBE YOUR WORK _____

EMPLOYMENT HISTORY
(CONTINUED)

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
ACCOUNT FOR TIME BETWEEN JOBS _____

4 EMPLOYER _____ YOUR JOB TITLE _____
ADDRESS _____ DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
ACCOUNT FOR TIME BETWEEN JOBS _____

5 EMPLOYER _____ YOUR JOB TITLE _____
ADDRESS _____ DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
ACCOUNT FOR TIME BETWEEN JOBS _____

6 EMPLOYER _____ YOUR JOB TITLE _____
ADDRESS _____ DESCRIBE YOUR WORK _____

SUPERVISOR _____
SUPERVISOR'S TITLE _____
TELEPHONE _____
EMPLOYED FROM _____
EMPLOYED TO _____
STARTING SALARY _____ PER _____
ENDING SALARY _____ PER _____ REASON FOR LEAVING _____
ACCOUNT FOR TIME BETWEEN JOBS _____

State names of relatives and friends working for us other than your spouse. _____

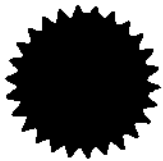
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?
 Yes No If Yes, describe in full. _____

USE THIS SPACE FOR ADDITIONAL OR EXPLANATORY INFORMATION

THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION IS COMPLETE AND IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY MISSTATEMENT OF MATERIAL FACTS WILL CAUSE FORFEITURE OF ALL MY RIGHTS TO ANY EMPLOYMENT OR RESULT IN DISMISSAL FROM EMPLOYMENT, IF HIRED.

DATE SIGNED _____ SIGNATURE _____

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**COUNTY OF BEDFORD
DEPARTMENT OF HUMAN RESOURCES**

REFERENCE RELEASE

Please list 3 previous employers or personal references:

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

Name: _____ Phone: _____
(Previous/Personal) – Please Circle

By signing below, I hereby authorize you to verify my employment record. In consideration of this request, I hereby agree to release you from, and hold you harmless for any, and all claims I might have as a result of the information provided to you.

Signature of Applicant

Date

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

CONSUMER DISCLOSURE

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

_____/_____/_____
APPLICANT'S SIGNATURE **DATE**

For Office Use Only:

Company Name: Bedford County HR Requester: Cheryl Dean/Pam Bohon

Criminal Records Motor Vehicle Record Multi-State Criminal Database

SS number & Name Verification /Address search

Criminal (Where?)(1) _____ (2) _____ (3) _____

Employment (1) _____ (2) _____ (3) _____

Education verification _____