



Floyd County Administration
120 West Oxford Street
Floyd, VA 24091
(540) 745-9300
www.floydcova.org

EMPLOYMENT APPLICATION

Application Date:

Interview Date :

PERSONAL INFORMATION

First Name:

Last Name:

Social Security No:

Address:

City:

State:

Zip Code:

Phone:

Email:

Date of Birth:

POSITION DETAILS

Position You Desire:

Date Available:

Desired Pay:

Employment Type:

Full Time

Part Time

Temporary

Internship

Are You Employed Now:

Yes

No

Floyd County Administration

WORK EXPERIENCE

Dates of Employment:

Employer Name:

City & State:

Position:

Reason For Leaving:

Job Description:

WORK EXPERIENCE

Dates of Employment:

Employer Name:

City & State:

Position:

Reason For Leaving:

Job Description:

WORK EXPERIENCE

Dates of Employment:

Employer Name:

City & State:

Position:

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City & State:

Position:

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Job Description:

WORK EXPERIENCE

Dates of Employment:

Employer Name:

City & State:

Position:

Reason For Leaving:

Job Description:

WORK EXPERIENCE

Dates of Employment:

Employer Name:

City & State:

Position:

Reason For Leaving:

Job Description:

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain:

EDUCATION HISTORY

Year	College / School Name	Diploma / Degree	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Full Name	Position	Company	Phone / Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name

Date

Signature

Floyd County Administration
