

**MOUNT ROGERS PLANNING DISTRICT COMMISSION**  
**1021 TERRACE DRIVE**  
**MARION, VA 24354**  
**(276)783-5103**  
**STAFF@MRPDC.ORG**

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## Application for Employment

Complete and return to the e-mail address or physical address above.

Instructions: This application should be filled out in detail. Failure to complete all sections or to sign this form may cause delays or make the application null and void. The use of this application does not create a contract between you and the Planning District Commission, nor does it indicate that there are positions vacant and does not, in any way, obligate you or the Planning District Commission. Even if you have previously submitted a resume, you **must** submit this application.

Date:

Your Contact Information

First Name:

Last Name:

Address:

E-mail Address:

Phone:

Position Applying For:

## Employment Record

List your current or most recent employer first and indicate a continuous record of employment for the past four employers or from the time you left school.

Employer:

Address:

Phone:

Fax:

Employed From:

Employed To:

Starting Salary:

Name of Supervisor with Title:

Job Title/Duties:

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Employer:

Address:

Phone:

Fax:

Employed From:

Employed To:

Starting Salary:

Name of Supervisor with Title:

Job Title/Duties:

Employer:

Address:

Phone:

Fax:

Employed From:

Employed To:

Starting Salary:

Name of Supervisor with Title:

Job Title/Duties:

---

Employer:

Address:

Phone:

Fax:

Employed From:

Employed To:

Starting Salary:

Name of Supervisor with Title:

Job Title/Duties:

## Education

List all schools attended beginning with high school, college, business, military, etc.

School Attended:

Date Attendance Began:

Date Attendance Ended:

Did you graduate?

Yes

No

Major/Minor Subjects:

Degree Awarded:

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School Attended:

Date Attendance Began:

Date Attendance Ended:

Did you graduate?

Yes

No

Major/Minor Subjects:

Degree Awarded:

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School Attended:

Date Attendance Began:

Date Attendance Ended:

Did you graduate?

Yes

No

Major/Minor Subjects:

Degree Awarded:

References

If currently employed, may your current employer be contacted at this time for a reference?

Yes      No

First Name:

Last Name:

E-mail Address:

Phone:

First Name:

Last Name:

E-mail Address:

Phone:

First Name:

Last Name:

E-mail Address:

Phone:

What are your salary requirements?

Are you willing to relocate?

Yes      No

When can you start?

READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for rejection of my employment application by the PDC or immediate discharge without recourse. I also understand that any employment is subject to a satisfactory check of references, background check by the Virginia State Police, Virginia DMV driving records check, and drug test. I hereby authorize all individuals and organizations named or referred to and any law enforcement organization to give the PDC all information relative to my employment, work habits, and character, and hereby release such individuals, organizations, and the PDC from any liability for any claim or damage which may result.

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Signature

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Date