

Fairfax County Health Department
Employment Application
(for Non-Merit Positions)



Job applied for: _____

Date: _____

Please indicate whether you are applying for:

() E-status (1560 hours/yr non-merit) () G-status (900 hours/yr temporary) () Either

Name: _____
Last First MI

Address: _____

Phone: (____) _____ (____) _____ (____) _____
Home Cell Work

Email: _____

Education:

Highest level of education: () Bachelor's () Master's () Doctorate

Please list education degree information:

Degree & Field of Study	Institution Conferring	Date Conferred

Do you have a current/active professional license to practice as a Registered Nurse/Licensed Practical Nurse/Nurse Practitioner/Physician Assistant in the Commonwealth of Virginia, or a multi-state licensure privilege to practice?

() Yes () No

If so, please list your license information below:

License Name/Type	State	License Number	Expiration Date

Please list any other relevant qualifications/skills: (Ex. foreign languages, certifications, etc.)

1. For the purpose of compliance with Section 40.1-11.1 of the Code of Virginia, titled "Employment of Illegal Immigrants," please state whether you are legally eligible for employment in the United States. You are eligible for employment if you are a United States Citizen, or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U. S. Department of Labor.

() Yes () No

2. Are you a current or former employee of Fairfax County government? () Yes () No
If yes, which agency? _____ When? _____

Are you a current or former employee of Fairfax County Public Schools? () Yes () No

3. Did you ever serve on active duty with the armed forces of the United States or reserve components thereof including the National Guard, as a result of which you received an honorable discharge as documented on a DD214? () Yes () No

4. Fairfax County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will **NOT** affect your opportunity for employment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

What is your ethnic origin (as defined by the U.S Equal Employment Opportunity Commission)?

- () American Indian or Alaskan Native recognition.
- () Asian
- () Native Hawaiian or Other Pacific Islander
- () Black or African American
- () Hispanic/Latino
- () White
- () Two or More Races

5. Gender: () Male () Female

6. Do you have any relatives who are presently employed by Fairfax County Government?
() Yes () No

If you have any relatives who are presently employed by the county, please provide their names and the department(s):

Please help us measure the effectiveness of our outreach by telling us how you learned of this job opportunity:

I certify that all of the statements made on this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun work.

Applicant's Signature

Date

**** Please provide a copy of your most recent resume when submitting this application ****

Fairfax County Government prohibits discrimination on the basis of race, color, religion, national origin, sex, pregnancy, childbirth or related medical conditions, age, marital status, disability, sexual orientation, gender identity, genetics, political affiliation, or status as a veteran in the recruitment, selection, and hiring of its workforce.

Reasonable accommodations are available to persons with disabilities during application and/or interview processes per the Americans with Disabilities Act. Contact 703-324-4900 for assistance. TTY 703-222-7314. EEO/AA/TTY.