

VIRGINIA DEPARTMENT OF FORESTRY APPLICATION FOR WAGE EMPLOYMENT

NAME _____ SOC. SEC. NO. _____
LAST FIRST MI

MAILING ADDRESS _____
ADDRESS
CITY STATE ZIP

TELEPHONE NO. (include area code) _____

Do you have a valid driver's license? YES NO

What is the last grade completed in school? _____
When and where? _____

Have you worked for the Virginia Department of Forestry before? YES NO
If so, when and where? _____

List any work limitations _____

Previous Employer
NAME TELEPHONE
ADDRESS

In case of emergency, notify: NAME _____
ADDRESS _____
TELEPHONE (home): _____ (work): _____
EMPLOYED BY _____

APPLICANT SIGNATURE _____ DATE _____

HIRING INFORMATION

Hire Date _____ Hourly Rate _____ Position _____
Sex: Male Female Race _____

Approved By _____
NAME SIGNATURE

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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Conditions of Employment Wage (P-14) Personnel

I accept the wage position of _____,
Virginia Department of Forestry, effective _____, at an hourly rate
of \$ _____. I accept this position with the understanding of the
following conditions of employment:

1. This wage position is temporary in nature. Continued employment in a wage capacity is contingent upon availability of funds, staffing needs of the Department, and continued availability of work in the position for which employed.
2. Wage employment is not a guarantee, implied or stated, for full-time, permanent employment.
3. My work schedule/hours will be set by the Department. I will be compensated at the agreed upon hourly rate only for hours worked.
4. I understand that if I am injured on the job, workmen's compensation will pick up payment for medical expenses only. Hours lost from work will not be compensated by the Department, but may be compensated in compliance with the Workmen's Compensation Act.
5. I agree to abide by the rules and regulations of the Department of Forestry.
6. Employment is restricted to 1,500 hours per 365 day cycle.

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Employment Eligibility Verification (Form I-9)

Name _____
(print) Last First MI

Birth Name _____

I attest, under penalty of perjury, that I am: (check one)

- a citizen or national of the United States.
- an alien lawfully admitted or authorized to enter the United States.

My Alien Number A is _____

Admission Number is _____

Expiration of Employment Authorization is _____

MUST HAVE two forms of identification cards:

1. Driver's License
2. Social Security Card or Birth Certificate

(If necessary, contact Regional Forester or Human Resources Office for additional identification sources.)

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

EMPLOYEE SIGNATURE DATE

I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

SUPERVISOR'S SIGNATURE SUPERVISOR'S PRINTED NAME DATE

Employer's Name Virginia Department of Forestry

Office Address _____

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