

## Help Wanted

### KING AND QUEEN COUNTY BUILDING OFFICIAL/INSPECTOR

King and Queen County is receiving applications for a Building Official/Inspector. A thorough knowledge of the Virginia Uniform Statewide Building Code and other associated laws and regulations is required. Individual must have ability to deal effectively with the public and various State and Local Agencies. Applicants must have relevant certifications and training as required by the Virginia Uniform Statewide Building Code or have held for a minimum of 5 years a current valid Class A Contractors license and able to become certified in all areas including plan review within 12 months from the date of employment. Candidates with valid certifications in the areas outlined above are strongly preferred. Must have a valid driver's license and a good driving record and pass criminal background check.

To apply, please submit County Application and resume to: Tina R Ammons, King and Queen County Administrators Office, King and Queen C.H., Virginia 23085 (804-785-5975) or by e-mail to [tammons@kingandqueenco.net](mailto:tammons@kingandqueenco.net). Position is open until filled.

King and Queen County is an Equal Opportunity Employer.



Office of the County Administrator  
P. O. Box 177, King and Queen Courthouse, Virginia 23085  
Phone: (804) 785-5975 – Fax: (804) 785-5999

**King and Queen County Administrator's Office**

**King and Queen County  
APPLICATION FOR EMPLOYMENT**

**NOTICE: King and Queen County only employs U.S. Citizens and aliens authorized to work in the United States. In connection with this, all offers of employment are contingent on the production of certain documents that establish identity and eligibility to work in the U.S. U.S Citizens will be required to produce a valid driver's license or ID card with photo and an original Social Security Card or a certified copy of a birth certificate or other documents that establish identity and eligibility to work in the U.S.**

**King and Queen and its employees are subject to the Drug-Free workplace Act of 1988. You will be subject to drug and alcohol testing requirements.**

**PERSONAL INFORMATION**

Please provide your personal and contact information.

Name (Last, First, MI)

Nickname

Street Address

City

State

Zip Code

Mailing Address (if different from above)

( ) - - ( ) - - ( ) - -

Home Phone

Cell Phone

Other Phone

Position Applying For:

E-mail  
Address

Are you at least 18 years of age?

## REFERENCES

**Please provide three personal references.**

1) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address

2) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address

3) \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Reference's Name Phone Number

\_\_\_\_\_ Email

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address

**EDUCATION**

**Please provide the following educational information.**

\_\_\_\_\_  
Name of High School Attended                      City, State                      Dates Attended

Circle the highest grade you have completed:      1   2   3   4   5   6   7   8   9   10   11   12

Circle all that currently apply to you:

GED    High School Diploma    Associate's    Bachelor's    Master's    Doctoral  
Business

List all colleges, universities, trade, vocational and military schools you have attended:

\_\_\_\_\_  
\_\_\_\_\_  
Name of Institution                      City, State                      Dates Attended

\_\_\_\_\_  
\_\_\_\_\_  
Name of Institution                      City, State                      Dates Attended

\_\_\_\_\_  
\_\_\_\_\_  
Name of Institution                      City, State                      Dates Attended

Are you fluent in any foreign languages? (Circle one)                      Yes                      No

If so, list the language(s).

\_\_\_\_\_

Typing Skills

\_\_\_\_\_

Give information regarding your office and computer experience including Software knowledge and skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER**

If offered employment by the County, when will you be able to start work:

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Is anyone related to you either an official of or now employed by King and Queen County? If yes, give name and position with County:

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## EMPLOYMENT

**Please provide the following experience information beginning with the current or most recent and working back from the last ten years. (If more space is needed please use additional sheet.)**

\_\_\_\_\_  
Employer (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

\_\_\_\_\_/\_\_\_\_\_  
Begin Date End Date

Reason for leaving:

\_\_\_\_\_

Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

\_\_\_\_\_/\_\_\_\_\_  
Begin Date End Date

Reason for leaving:

\_\_\_\_\_

Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Your Job Title Immediate Supervisor

\_\_\_\_\_/\_\_\_\_\_  
Begin Date End Date

Reason for leaving:

\_\_\_\_\_

Duties:

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This application when properly completed and accepted by appropriate company personnel will remain active for 30 days from the date accepted and will be considered for any vacancy during this period for which the applicant has applied. This application will not be considered for employment vacancies beyond the 30-day period, unless renewed in person by the applicant.

I hereby authorize, without liability, any person or organization whose name I have given as a reference, or by whom I have previously been employed, to furnish the King and Queen County Administration Office any information they may have concerning my character, habits, ability, financial responsibility, job performance and reasons for leaving employment. I hereby release all such persons and organizations from any claims for damages of any kind which may result by reason of furnishing such information.

I have read and understand each of the paragraphs appearing in this application and further certify that this application was completed by me and that all entries and information placed on it are true and complete. I understand that any false, incomplete or deceptive response made by me on this application or other required documents shall be grounds for denial of employment or discharge.

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Signature of Applicant

Date

**Please mail completed application to:**

**King and Queen County Administrator's Office**

**P. O. Box 177**

**King and Queen Courthouse, Virginia 23085**

**Attn: Human Resources**

**OR**

**Deliver in person to our office at:**

**242 Allen's Circle, Suite L**

**King and Queen Court House, VA 23085**