



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, national origin, religion, gender, familial status, sexual orientation or disability.

**(PLEASE PRINT)**

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

NUMBER STREET

CITY, STATE

ZIPCODE

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Have you filed an application here before?

Yes No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?

Yes No If Yes, give date \_\_\_\_\_

Are you employed now?

Yes No

May we contact your present employer?

Yes No

Are you legally authorized to work in the United States? Yes No

[Proof of citizenship or immigration status will be required upon employment]

Have you lived anywhere outside Virginia in the past five years? Yes No

If you answered yes, list all states: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

What is the first day you'd be available to work? \_\_\_\_\_

Are you available to work      Full Time      Part Time      Temporary

Have you ever been convicted of a criminal offense?      Yes      No [Conviction will not automatically disqualify you] If

Yes, please explain (dates, nature of conviction)

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### EDUCATIONAL DATA

SCHOOL NAME	ADDRESS (CITY, STATE)	#YEARS COMPLETED	DEGREE/MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER (Graduate, Technical, Vocational, etc.)			

### WORK HISTORY

List names of employers in consecutive order with PRESENT or most recent employer listed first. Account for all periods of time, including military services, school, volunteer work and any period of unemployment. If self-employed, give company name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Most Recent Employer	
Address	
Telephone Number	Supervisor's Name
Job Title: Duties/Responsibilities:	
Dates Employed:	To
Starting Salary:	Ending Salary
Reason for Leaving	

Name of Most Recent Employer	
Address	
Telephone Number	Supervisor's Name
Job Title: Duties/Responsibilities:	
Dates Employed:	To
Starting Salary	Ending Salary
Reason for Leaving	

Name of Most Recent Employer	
Address	
Telephone Number	Supervisor's Name
Job Title: Duties/Responsibilities:	
Dates Employed:	To
Starting Salary	Ending Salary
Reason for Leaving	

Have you ever been fired from a job or asked to resign?    Yes    No    [Does not automatically disqualify you]

If yes, please explain details and circumstances:

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<b>SPECIAL SKILLS (including Volunteer Experience)</b>
_____
_____
_____

Give three professional work-related references:			
<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Job Title/Occupation</b>
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT**

I certify that the answers given to me to the foregoing questions and statements are true and correct without significant or consequential omissions of any kind whatsoever. I understand and agree that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary and wages due and owing at the time of termination. I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

I also authorize the schools, companies, or persons named herein to give any information regarding my employment, character and qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date