

# APPLICATION FOR EMPLOYMENT

Confidential

(Please Print Clearly)

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street City State Zip Code

Permanent Address (if Different than Present Address) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street City State Zip Code

If you cannot be reached at above phone number, please give alternate number. Phone Number \_\_\_\_\_

## Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of:  Full Time?  Part Time?  Temporary?  
 Are You 18 Yrs. of Age or Older?  Yes  No  
 Are You Employed Now?  Yes  No  
 May We Contact Your Present Employer?  Yes  No  
 How Did You Learn Of This Opening? \_\_\_\_\_

## Education

Circle Highest Grade Completed: 9 10 11 12 13 14 15 16  
 Scholastic Honors Received \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month / Day / Year Month / Day / Year

## Professional Licenses and/or Certifications

	Organization or State Issued	Date Issued	Number	Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

**Employment Record** (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. \_\_\_\_\_  
Last
First
Middle Initial

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

*(Conviction of a criminal offense will not necessarily preclude your employment.)*

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_



**This Page For Institution and Interviewers' Use Only**

<b>Interviewers' Comments</b>		
<b>Interviewer</b>	<b>Date</b>	<b>Comments</b>

<b>Reference and Prior Employment Check</b>		
<b>Individual Contacted</b>	<b>Name of Firm</b>	<b>Results of Check</b>

<b>FOR PERSONNEL OFFICE USE</b>		
Hired _____	For what department _____	Position _____
Salary _____ per	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	Starting Date _____

CRIMINAL BACKGROUND QUESTIONNAIRE

I, \_\_\_\_\_, hereby swear and affirm that the responses provided by me on this form are true and complete. I understand that if I make a materially false response, I may be convicted of a Class 1 misdemeanor and my employment, if I am hired, would be terminated. I also understand that if I am hired, state law requires that the facility must obtain an original criminal history record on me from the State Police.

II. In the Commonwealth of Virginia, or any other jurisdiction, have you ever been convicted of or are you now the subject of pending charges for any of the following offenses?

<u>OFFENSE</u>	<u>YES</u>	<u>NO</u>
1. Murder		
2. Abduction for immoral purposes		
3. Sexual assault		
4. Pandering		
5. Crimes against nature involving children		
6. Taking indecent liberties with children		
7. Abuse and neglect of children		
8. Failure to secure medical attn for an injured child		
9. Obscenity offenses		
10. Crimes against the person		
11. Crimes against property		
12. Crimes involving fraud		
13. Crimes involving health & safety		
14. Crimes involving morals & decency		
15. Crimes involving abuse or neglect of an incapacitated adult		

I understand that conviction of any of the above-listed offenses disqualifies me from eligibility for employment in this facility. I further understand that my application for employment cannot be considered if I have charges pending against me for any of the listed offenses. If pending charges are resolved in my favor and I provide the facility with proof of that resolution, I understand that my application will then be considered as if no charges had been filed against me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

III. If I am applying for a position that requires a license or certification, I certify that I possess such license or certificate, that such license or certificate is current and that I am in good standing with the licensing or certifying agency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date