

Employment Application

Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

DATE _____

Name: _____
Last
First
Middle Maiden

Present address: _____
Number
Street
City
State
Zip

How long: _____ (Years) _____ (Months) Social Security No. _____ - _____ - _____

Telephone: (____) _____ - _____

Position applied for: _____ & salary desired: _____

Days/Hours Available to Work
(24 – 7 days a week Agency)

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When can you be available for work: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		Years Completed	Major and Degree
		Mailing Address			
High School					
College					
Bus/Trade School					
Graduate/Professional					

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HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY)? _____ NO _____ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

HAVE YOU EVER BEEN CONVICTED OF A DUI? _____ NO _____ YES

If yes, explain when, where how many and the nature of your driving status:

DO YOU HAVE A VALID VIRGINIA DRIVER'S LICENSE? _____ NO _____ YES

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator License: _____ or Commercial (CDL): _____ or Chauffeur: _____ Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

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Please list three (3) references other than relatives or previous employers:

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Address: _____ Address: _____

Telephone () - Telephone () -

Please list three (3) references other than relatives or previous employers:

Name: _____

Position: _____

Company: _____

Address: _____

Telephone () -

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ Yes _____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? _____ Yes _____ No

Specialty _____ Date Entered _____ Discharge Date _____

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Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer: _____

Address: _____
City State Zip Code

Phone number: () -

Name of last Supervisor: _____

Employment Dates: (Start) _____ (End) _____ Pay or Salary: _____

Job Title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company:

Reason for leaving (be specific): _____

Name of Employer: _____

Address: _____
City State Zip Code

Phone number: () -

Name of last Supervisor: _____

Employment Dates: (Start) _____ (End) _____ Pay or Salary: _____

Job Title: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company:

Reason for leaving (be specific): _____

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Name of Employer: _____			
Address: _____			
	City	State	Zip Code
Phone number: () - _____			
Name of last Supervisor: _____			
Employment Dates: (Start) _____		(End) _____ Pay or Salary: _____	
Job Title: _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company: _____ _____			
Reason for leaving (be specific): _____			
Employee Reference: _____		Phone # _____	

May we contact your present employer? _____ Yes _____ No

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

Please ensure that you have also submitted a resume along with this application.

Applicant's Name: _____

Applicant's Signature: _____