

# APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION:**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Today's Date</b>
<b>Street Address</b>	<b>City/State</b>	<b>Zip Code</b>	<b>Phone Number</b>
<b>Position you are applying for:</b>		<b>Rate of Pay desired:</b>	<b>Date you are available for work:</b>
If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Some of our positions may require use of a company vehicle.  Do you have a <u>valid</u> Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you ever had your driver's license <u>suspended</u> or <u>denied</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain:		Have you ever _____ applied to this company? -or- _____ worked for this company?  If so, when? _____  How did you hear about our open position(s)? <input type="checkbox"/> Newspaper <input type="checkbox"/> TV, Radio <input type="checkbox"/> VA Employment Office  <input type="checkbox"/> Online <input type="checkbox"/> Other _____	

**EDUCATION:**

<b>Name of grammar school attended:</b>	<b>City &amp; State</b>	<b>Grade Completed:</b>	
<b>Name of high school attended:</b>	<b>City &amp; State</b>	<b>Graduate?</b>	<b>GED?</b>
<b>Name of college attended:</b>	<b>City &amp; State</b>	<b>Graduate?</b>	<b>Major?</b>
<b>Are you presently enrolled in school?</b>	<b>If yes, give name &amp; address of school and expected degree date:</b>		
<b>List any other training, certificates or licenses held:</b>			
<b>List any job-related skills or accomplishments, including military service:</b>			

**PERSONAL (NOT WORK RELATED) REFERENCES:**

Name / City & State	Relationship	Phone Number
/		
/		
/		

**PROFESSIONAL REFERENCES:**

Name / City & State	Relationship	Phone Number
/		
/		
/		

**EMPLOYMENT HISTORY:**  
**(List your most RECENT job first)**

Company Name	Position	
Company Address	Dates of Employment	
	From:	To:
City, State, Zip Code	Rate of Pay	
Supervisor:	Reason for Leaving	May we contact this employer?
Telephone:		

Company Name:	Position	
Company Address	Dates of Employment	
	From:	To:
City, State, Zip Code	Rate of Pay	
Supervisor:	Reason for Leaving	May we contact this employer?
Telephone:		

Company Name:	Position	
Company Address	Dates of Employment	
	From:	To:
City, State, Zip Code	Rate of Pay	
Supervisor:	Reason for Leaving	May we contact this employer?
Telephone:		

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

*I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.*

*I understand and agree that, if hired, my employment is for no definite period and I may be terminated at any time without prior notice and without cause.*

*I authorize the investigation of any or all statements contained in this application and also authorize any person or persons listed above to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.*

*I have read, understand, and agree to the above statements.*

Date:	Signature:
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