

Commonwealth of Virginia

Send this application directly to the agency announcing the vacancy.

An Equal Opportunity Employer

Application for Employment

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ 2. Agency _____
(one per application)

3. Social Security No.* _____
**Note: Completion of question three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.*

4. Full legal name _____ 5. Phone _____

6. Address _____ 7. Email _____

8. EDUCATION

a. Check highest grade completed: 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

b. If you did not complete high school, do you have a high school equivalency diploma? Yes ___ No ___

c. Check number of years of post-high school education completed: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8+ ___

<u>Institution (Name & Location)</u>	<u>Degree or Certificate Received</u>	<u>Major or Specialty</u>	<u>Minor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

9. EXPERIENCE Use this section to highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

a. May we contact your present supervisor? NO ___ YES ___

b. Computer software experience – Please describe your computer and software proficiency using Microsoft Word, Excel, Outlook, PowerPoint, and Access; Quickbooks Pro; Adobe Acrobat Pro and any other relevant software you think may be useful. Be sure to specify the types of functions used and documents or products produced with each program.

<u>Software</u>	<u>Functions Used</u>	<u>Documents or Products Created</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Other qualifications: Use this space for any additional information you think would help us evaluate your application, including certifications, training, seminars, workshops, and special achievements or specialized skills

d. License (to include driver's), certificate or other authorization to practice a trade or profession.

<u>Type</u>	<u>License Number</u>	<u>Granted By (licensing board)</u>
_____	_____	_____
_____	_____	_____

Starting with the most recent, describe ALL paid, military, and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items. highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. Use Supplemental Experience Form(s) for additional space.

i. Job Title: _____ **Duties:** _____
 Employer: _____
 City & State: _____
 Ending Salary: _____ Hours/week: _____
 Dates (month/year): _____ to: _____
 # and title of employees you supervised: _____
 Equipment/Software used: _____
 Reason for leaving: _____

ii. Job Title: _____ **Duties:** _____
 Employer: _____
 City & State: _____
 Ending Salary: _____ Hours/week: _____
 Dates (month/year): _____ to: _____
 # and title of employees you supervised: _____
 Equipment/Software used: _____
 Reason for leaving: _____

iii. Job Title: _____ **Duties:** _____
 Employer: _____
 City & State: _____
 Ending Salary: _____ Hours/week: _____
 Dates (month/year): _____ to: _____
 # and title of employees you supervised: _____
 Equipment/Software used: _____
 Reason for leaving: _____

10. REFERENCES List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Title/Relationship	Address	Email	Telephone

11. MISCELLANEOUS

- a. Check which shift you will accept: DAY EVENING NIGHT ROTATING WEEKENDS SPECIFY SHIFT HOURS: _____
- b. Check which job status you would accept: FULL-TIME PART-TIME (SPECIFY) _____
- c. Check which employment status you'd accept: SALARIED (BENEFITS) HOURLY (NO BENEFITS) PART-TIME SALARIED (LEAVE BENEFITS ONLY)
- d. Are you willing to travel? NO YES
 If yes: DURING THE DAY ONLY OCCASIONALLY OVERNIGHT FREQUENTLY OVERNIGHT
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all". _____
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? YES NO
 Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation if necessary for your employment? YES NO
- h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution, or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? YES NO
 If no, state reason: _____
- i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, check here if you are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard. If so, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? YES NO

12. When will you be available to start work? No date necessary if you are available as soon as you give two (2) weeks notice. MONTH: _____ DAY: _____ YEAR: _____

13. CERTIFICATION I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification, and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the agency to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations, or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

SUPPLEMENTAL EXPERIENCE FORM

Name: _____

Position Applying For: _____

In reverse chronological order, continue to describe *ALL* paid, military, and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items. highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

Job Title: _____ **Duties:** _____
Employer: _____
City & State: _____
Ending Salary: _____ Hours/week: _____
Dates (month/year): _____ to: _____
and title of employees you supervised: _____
Equipment/Software used: _____
Reason for leaving: _____

Job Title: _____ **Duties:** _____
Employer: _____
City & State: _____
Ending Salary: _____ Hours/week: _____
Dates (month/year): _____ to: _____
and title of employees you supervised: _____
Equipment/Software used: _____
Reason for leaving: _____

Job Title: _____ **Duties:** _____
Employer: _____
City & State: _____
Ending Salary: _____ Hours/week: _____
Dates (month/year): _____ to: _____
and title of employees you supervised: _____
Equipment/Software used: _____
Reason for leaving: _____

Job Title: _____ **Duties:** _____
Employer: _____
City & State: _____
Ending Salary: _____ Hours/week: _____
Dates (month/year): _____ to: _____
and title of employees you supervised: _____
Equipment/Software used: _____
Reason for leaving: _____

Job Title: _____ **Duties:** _____
Employer: _____
City & State: _____
Ending Salary: _____ Hours/week: _____
Dates (month/year): _____ to: _____
and title of employees you supervised: _____
Equipment/Software used: _____
Reason for leaving: _____

Optional Self-Identifying Information

Job seekers may choose to provide self-identifying information below when submitting an application for employment if they choose. Employees are provided the opportunity to self-identify although are not required to do so. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

1. Please mark all racial and/or ethnic categories with which you identify:

- Asian or Asian-American (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African-American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
- White European-American, or Caucasian (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

2. Please mark the education level you have completed:

- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college or trade school and/or associate degree
- Associate's degree
- Trade school graduate
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

3. Please indicate how you identify your gender: _____

4. Please indicate your date of birth: Month _____ Day _____ Year _____

5. How did you learn of this position:

Indeed.com
VASWCD website
Shared email
Colleague, friend, or family member
Craigslist
Virginia employment