

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment



Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth 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 _____ (one per application)

2. Agency _____

3. Social Security No. _____

4. Full legal name _____
Last First Middle

5. Address _____
City State Zip

6. Home Phone () _____

7. Business Phone () _____

8. E-mail Address _____

(Note: Completion of number 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.)

9. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

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

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

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

10. EXPERIENCE—Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ___ Yes ___ No

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time ___ Part-time ___ Hours/week ___

Number and titles of employees you supervised _____

Equipment/software used _____

Reason for leaving _____

Your name if different from present _____

b. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time ___ Part-time ___ Hours/week ___

Number and titles of employees you supervised _____

Equipment/software used _____

Reason for leaving _____

Your name if different from present _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

___ White (includes Arabian)

___ Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)

___ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)

___ Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)

___ American Indian (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

___ Less than 8th grade

___ Completed 8th grade

___ Attended high school

___ High school graduate or equivalent

___ Attended college and/or associate degree

___ College graduate

___ Attended graduate school

___ Master's degree

___ Graduate study beyond master's requirements

___ Ph.D. or professional degree

Check the appropriate block:

___ Female

___ Male

Please indicate your date of birth: ___/___/___

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

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

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

Type	License Number	Expiration Date	Granted by (licensing board)

11. REFERENCES

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

Name	Address	Phone	Relationship

12. 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 accept employment which requires you 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 was 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, 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? Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61 - 3/7/75)? Yes No.

j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? YES NO. If YES, please provide the following:
Description of offense: _____
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City and State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 Month Day Year.

14. CERTIFICATION—Each Application Requires Current Date and Original Signature

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 of 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 Commonwealth 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 _____

- How did you find out about this employment opportunity?
- Newspaper*
 - Radio/TV*
 - Virginia Employment Commission
 - Department of Personnel and Training web page
 - State RECRUIT system
 - Agency Bulletin Board
 - Other (please specify)

*specify name of newspaper or other media

Position applied for: _____
Position number: _____

How did you find out about this employment opportunity?

- _____ Newspaper*
- _____ Radio/TV*
- _____ Virginia Employment Commission
- _____ Department of Human Resource Management web page
- _____ State RECRUIT system
- _____ Agency web page
- _____ Local Library
- _____ Other (please specify)

* specify name of newspaper or other media

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Check the appropriate block:

- _____ Female
- _____ Male

Please indicate your date of birth: ____/____/____

FOR OFFICE USE ONLY
EEO Category: _____

Supplementary Experience Form

Social Security Number _____
Name _____

Position Applied For _____
Announcement Number _____

Job Title _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

Job Title _____
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