

Please print in ink (preferably black) or use typewriter

Number of attachments _____

GOOCHLAND-POWHATAN COMMUNITY SERVICES

An Equal Opportunity Employer

Please return app to:
P.O. Box 189
Goochland, VA 23063

(804) 556-5400
Fax: 556-5403

Application for Employment

Employees of the Goochland-Powhatan Community Services 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 Goochland-Powhatan Community Services at (804) 556-5400.

1. Position applied for _____
(one per application)

2. Location _____

3. Social Security No. _____
(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.)

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____
City State Zip

7. Business Phone () _____

8. **EDUCATION**

a. Check 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. Check 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: _____

9. **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 _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to _____ Reason for leaving _____

Full-time Part-time Hours/week 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 used _____
 Reason for leaving _____
 Your name if different from present _____

c. **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 used _____
 Reason for leaving _____
 Your name if different from present _____

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

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

Type	License Number	Granted by (licensing board)
_____	_____	_____

10. **REFERENCES**

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

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

11. **MISCELLANEOUS**

- Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- Check which job status you would accept: Full-time Part-time (specify) _____
- Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
- 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, 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, 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.

12. 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

13. **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 to any employment in the service of Goochland-Powhatan Community Services. 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 Goochland-Powhatan Community Services to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____

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 Indians (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: _____