



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

ADMINISTRATIVE OFFICES: 2241 LANGHORNE ROAD • LYNCHBURG, VA 24501
PHONE (434) 847-8050 • FAX (434) 847-4129

INSTRUCTIONS: PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

- The information you supply on this application will be used to evaluate your qualifications for employment with CENTRAL VIRIGNIA COMMUNITY SERVICES (CVCS) and may be used in making the decision on whether or not to interview you. Therefore, it is important that you supply all requested information thoroughly and completely. Do not leave any question or space blank. If it does not apply to you, indicate "not applicable" (N/A) in the space.
- Applications will only be accepted for advertised job vacancies. Indicate exact job title and position number on application. Submit all documents requested in the advertisement.
- A separate application must be completed for each position for which you apply. Photocopies are acceptable; however, current dates and original signatures are required.
- Applications that are received unsigned, incomplete, or after the closing date will not be considered for employment.
- A resume may not be substituted for a CVCS application, but may be included for supplemental information.
- After a hiring selection has been made, the applications will be retired. They will not be automatically reviewed for future vacancies.

Employees of the Agency and applicants for employment shall be afforded equal opportunity in all aspects of employment, without regard to race, religion, color, national origin, political affiliation, age, gender, disability, marital status or any other protected status, except where religion, national origin, or gender is a bona fide occupational qualification reasonably necessary to the normal operation of the Agency.

GENERAL INFORMATION *(Please type or print legibly in dark ink.)*

Position Applied For (one per application) _____ Position Number _____ Date _____

Name _____ () - _____
Last First Middle Home Phone Number

Address _____ () - _____
Street City State Zip Work Phone Number

Social Security Number _____
Social Security number is optional. Failure to submit social security number on this form will not prohibit employment consideration. SSN will be required on other forms prior to employment.

Are you over the age of 18?
 Yes No If no, employment is subject to verification that you are of minimum legal age

Have you previously been employed at Central Virginia Community Services?
 Yes No If yes, when? _____

If not, have you previously applied for employment with CVCS?
 Yes No If yes, when? _____

EDUCATION

Last High School Attended: _____ Location: _____ Graduated Yes No

If you did not complete high school, do you have a GED? Yes No

List all Colleges, universities and professional/technical schools attended. Start with most recent. If you need additional space, please add a separate sheet of paper.

Name and Location of Institution	Years/Hours completed	Did you graduate?	Type of degree conferred	Major or specialty	Minor
1.		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
2.		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
3.		<input type="checkbox"/> Yes / <input type="checkbox"/> No			

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

WORK EXPERIENCE - List all positions you have held. Include paid, military and any relevant experience you wish for us to consider. Start with your present position and work backward in chronological order. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment in the space indicated. If you need more space, attach additional sheets in the same format.

May we contact your present employer? Yes / No

If no, please state reason _____

Position Title _____ From _____ Mo/Yr _____ To _____ Mo/Yr _____
 Employer _____ Phone: (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Starting Salary _____ Ending Salary _____ Full Time Part Time Hrs/Wk _____
 Position Responsibilities _____

Reason for Leaving _____ No. Staff Supervised _____
 Name and Title of Direct Supervisor _____

Position Title _____ From _____ Mo/Yr _____ To _____ Mo/Yr _____
 Employer _____ Phone: (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Starting Salary _____ Ending Salary _____ Full Time Part Time Hrs/Wk _____
 Position Responsibilities _____

Reason for Leaving _____ No. Staff Supervised _____
 Name and Title of Direct Supervisor _____

Position Title _____ From _____ Mo/Yr _____ To _____ Mo/Yr _____
 Employer _____ Phone: (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Starting Salary _____ Ending Salary _____ Full Time Part Time Hrs/Wk _____
 Position Responsibilities _____

Reason for Leaving _____ No. Staff Supervised _____
 Name and Title of Direct Supervisor _____

WORK EXPERIENCE - continued

Position Title _____ From _____ To _____
 Mo/Yr _____ Mo/Yr _____
 Employer _____ Phone: (____) _____
 Address _____ City _____ State _____ Zip _____
 Starting Salary _____ Ending Salary _____ Full Time Part Time Hrs/Wk _____
 Position Responsibilities _____

 Reason for Leaving _____ No. Staff Supervised _____
 Name and Title of Direct Supervisor _____

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Position Title _____ From _____ To _____
 Mo/Yr _____ Mo/Yr _____
 Employer _____ Phone: (____) _____
 Address _____ City _____ State _____ Zip _____
 Starting Salary _____ Ending Salary _____ Full Time Part Time Hrs/Wk _____
 Position Responsibilities _____

 Reason for Leaving _____ No. Staff Supervised _____
 Name and Title of Direct Supervisor _____

Periods of Unemployment

From	To	Reason

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, or specialized skills. If you need additional space, please add a separate sheet of paper.

Word Processing programs used: _____

List all licenses to include driver's license, certificates or other authorizations to practice a trade or profession. Please give type, license number, expiration date, and granting licensing board.

References - List name, address and relationship of three professional references not related to you who know your qualifications:

Name	Address	Phone	Relationship
1.			
2.			
3.			

MISCELLANEOUS INFORMATION

1. What date will you be available for work? _____
2. Are you willing to accept employment that requires working?
Evenings? Yes / No Holidays? Yes / No Weekends? Yes / No
3. Are you willing to accept employment that requires you to travel?
Yes, during the day Yes, overnight No, I will not travel
4. Are you willing to provide your own transportation if required to travel? Yes No
5. Have you ever been discharged or asked to resign from a position? Yes No
6. Are you legally eligible for employment in the United States? Yes No
(You are legally eligible if you are a US citizen or have an appropriate work permit issued by the US Department of Justice or Department of Labor.)
7. Have you ever been convicted of a crime (whether a felony or misdemeanor), including moving traffic violations?
(You should not list any crime for which you were tried and convicted as a juvenile). Yes No
If the answer is yes, list all such convictions and explain: _____

A conviction will not automatically disqualify you from consideration for the position. Rather, such factors as date of conviction, seriousness and nature of offense, and evidence of rehabilitation will be considered.

8. Are you related to anyone currently serving on the CVCS Board of Directors or currently employed by CVCS?
Yes No If yes, please list their name(s) here: _____

CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for furnishing such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between CVCS and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CVCS unless made in writing. If an employment relationship is established, I understand I have the right to terminate my employment at any time, subject to CVCS personnel policies, and that CVCS retains the same right."

"I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures. CVCS is a drug-free workplace and all final applicants for employment will be asked to take a drug test. Refusal to take the drug test or failure to pass the drug test shall be a violation of CVCS policy."

"I understand that if employed, I must adhere to the Agency's policies and procedures and I realize the agency may revise policies and procedures in whole or in part at any time."

"I agree to submit to a criminal history record check and/or fingerprint record search pursuant to Sections 19.2-398 and 37.1-197.2, Code of Virginia, and will provide personal descriptive information to be used in a national criminal records check. I understand that my becoming employed and my continued employment are subject to the results of the criminal history check and/or fingerprint record search."

Signature of Applicant

Date



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To meet the requirements of federal regulations, we need to collect the following information for record keeping purposes. This information will NOT be used for making employment decisions and NOT be kept with your application for employment. Response is strictly on a voluntary basis. Not responding to this questionnaire will not disqualify you as an applicant.

Check the category below 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, Cuban, Central or South American or other Spanish origin or culture)
- Asian or Pacific Islander (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the category that is appropriate for education completed *(Check only one)*

- High School Graduate or GED
- College Graduate
- Attended Graduate School (# of years)
- Master's Degree
- Graduate Study Beyond Master's Requirements
- Ph.D. or Professional Degree

Check Appropriate Category

Male Female Date or Birth _____

POSITION APPLIED FOR _____

POSITION NUMBER _____

How did you find out about this employment opportunity?

- Newspaper - Please specify: _____
- Virginia Employment Commission
- Agency Job Line/Posting
- College Posting
- Internet - Please specify: _____
- Other - Please specify: _____