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| Position Applied For: | Date of Application: |

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| Name (Last, First , Middle): | | | Social Security Number: | |
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| Address | City | State | Zip | |
| Home Telephone Number:  ( ) | | Cell Phone or Other Number:  ( ) | |  |

## Education and Special Training

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| Check the level of Education Completed | | | | | | | | | | | | | | | |
| High School | | | | High School Attended: | | | | City and State: | | Year Attended: | | Diploma/GED Received: | | | Date Rec’d: |
| 1 | 2 | 3 | 4 |  | | | |  | | From: To: | |  | | |  |
| College or University Education | | | | | | | | | | | | | | | |
| Highest Level of Degree Confirmed:  BA  BS  MA  MS  Ed.D  Ph.D. | | | | | | | | | | | | | | | |
| Name and Location of Institution: | | | | | | Hours: | Degree Received: | | Major or Specialty: | | Minor: | | | Dates Attended: | |
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| If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: | | | | | | | | | | | | | | | |
| Licenses, certificates, or other authorization to practice a trade or profession. | | | | | | | | | | | | | | | |
| Type of License/Certificate: | | | | | License Number: | | | | Expiration Date: | | | | Granted by (Licensing Board): | | |
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| Other Special Skills, Achievements, or Abilities: | | | | | | | | | | | | | | | |
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| Driver’s License Number: | | | | | | | State issuing License: | | | | Expiration Date: | | | | |

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| When are you available to start work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check job status you will accept :  Full Time  Part Time Temporary  On-Call  Relief |
| Check shifts you will accept:  Day  Evening  Night  Rotating  Weekends Specify Shift hours: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you legally eligible for employment in the United States?  Yes  No |
| Have you ever been charged with or convicted of a Law Violation(s), including Moving Traffic Violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a Youth Offender Law?  Yes  No |
| If yes please list all and explain |

Failure to provide correct and accurate information may affect your employment status with the Agency.

Experience

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| Starting with the most recent work experiences, describe ***All*** Paid Work, and applicable Volunteer Work including Internships and any other relevant positions. Highlight Knowledge, Skills, and Abilities that best demonstrate your qualifications for this position.  May we contact your present supervisor?  Yes  No Please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| Job Title: | | Immediate Supervisor (Name & Title): | | |
| Employer: | | Type of Business: | | |
| Address: | | | | |
| Telephone number: | Salary or Wages:  Starting: $ Ending: $ | | | Dates of Employment (Month/Year):  From: To: |
| Status:  Full Time  Part Time Hours Per Week: \_\_\_\_\_\_\_ | | | Your name if different from present: | |
| Number and title of employees you supervised: | | | Reason for leaving this position: | |
| Description of duties and responsibilities (be specific): | | | | |
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| Job Title: | | Immediate Supervisor (Name & Title): | | |
| Employer: | | Type of Business: | | |
| Address: | | | | |
| Telephone number: | Salary or Wages:  Starting: $ Ending: $ | | | Dates of Employment (Month/Year):  From: To: |
| Status:  Full Time  Part Time Hours Per Week: \_\_\_\_\_\_\_ | | | Your name if different from present: | |
| Number and title of employees you supervised: | | | Reason for leaving this position: | |
| Description of duties and responsibilities (be specific): | | | | |
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| Job Title: | | Immediate Supervisor (Name & Title): | | |
| Employer: | | Type of Business: | | |
| Address: | | | | |
| Telephone number: | Salary or Wages:  Starting: $ Ending: $ | | | Dates of Employment (Month/Year):  From: To: |
| Status:  Full Time  Part Time Hours Per Week: \_\_\_\_\_\_\_ | | | Your name if different from present: | |
| Number and title of employees you supervised: | | | Reason for leaving this position: | |
| Description of duties and responsibilities (be specific): | | | | |
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| --- | --- | --- | --- | --- |
| Job Title: | | Immediate Supervisor (Name & Title): | | |
| Employer: | | Type of Business: | | |
| Address: | | | | |
| Telephone number: | Salary or Wages:  Starting: $ Ending: $ | | | Dates of Employment (Month/Year):  From: To: |
| Status:  Full Time  Part Time Hours Per Week: \_\_\_\_\_\_\_ | | | Your name if different from present: | |
| Number and title of employees you supervised: | | | Reason for leaving this position: | |
| Description of duties and responsibilities (be specific): | | | | |
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| --- | --- | --- | --- | --- |
| Job Title: | | Immediate Supervisor (Name & Title): | | |
| Employer: | | Type of Business: | | |
| Address: | | | | |
| Telephone number: | Salary or Wages:  Starting: $ Ending: $ | | | Dates of Employment (Month/Year):  From: To: |
| Status:  Full Time  Part Time Hours Per Week: \_\_\_\_\_\_\_ | | | Your name if different from present: | |
| Number and title of employees you supervised: | | | Reason for leaving this position: | |
| Description of duties and responsibilities (be specific): | | | | |
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| Do you have any physical or mental limitations that would hinder work performance in the position you are applying for? |
| Yes  No If yes, please explain: |
| Please list all special interests, hobbies, recreational, and leisure pursuits |

References (References should be professional in nature. Limit one reference to either a family member or friend.)

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| Name | Address | Telephone # | Relationship |
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Military Service

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| Branch of Service: | | Period of Active Duty (month/year):  From: ( / ) To: ( / ) | Rank at Time of Discharge: |
| Date of Discharge: | Type of Discharge:  Honorable  Other than honorable (Please Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Duties performed and specialized training received: | | | |
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| If there is additional job related information or other qualifications, please indicate in the space below. |
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| PLEASE READ AND SIGN THE FOLLOWING:  I hereby declare that the foregoing information is, to the best of my knowledge, accurate and truthful. I understand that any mis-representation or omission of fact stated in this application may be grounds for *non-acceptance* for employment, or if retained and regardless of time of discovery, *dismissal* from employment. I also authorize VP&J Services, LLC to conduct additional investigative procedures pertinent to employment with this Agency. I understand that I have the right to make a written request *within ten days* of the submission of this application, for a report of the nature and scope of any such investigative activities. | | | | |
| Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **AN EQUAL OPPORTUNITY EMPLOYER**  No applicant shall be discriminated against by the Agency or Agency employees on the basis of race, creed, color, religion, sex, sexual preference, national origin, ancestry, age, other physical or mental disability, or veteran status. | | | | |
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| Applicants may mail application to: | | **VP&J Services, LLC**  **PO Box 988**  **Appomattox, Virginia 24522** | | Or Fax copy to:  **(434) 352-2613** |
| Any questions please call: **(434) 352-9903** | | | | |
| **Agency Use Only** | | | | |
| Date Received | Received by:  Via Mail  Seminar  In Person  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Disposition | |
| Additional Information | | | | |