



PIEDMONT COMMUNITY SERVICES EMPLOYMENT APPLICATION

An Equal Opportunity Employer

A FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECK, CHILD ABUSE AND NEGLECT REGISTRY CHECK, DMV CHECK, DRUG TEST AND VERIFICATION OF CREDENTIALS ARE REQUIRED ON APPLICANTS CONSIDERED FOR EMPLOYMENT

No person shall, on the grounds of race, color, national origin, sex, religion, age or handicapping condition, be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in the provision of any care of service.

PLEASE READ THESE INSTRUCTIONS BEFORE YOU COMPLETE YOUR APPLICATION.

Applications are only accepted for jobs in which are currently open. Be sure to list the title of the job you are applying for in the same way it appears in the job announcement. Complete the entire application. Incomplete applications will not be considered.

1. Position Applied For _____ Position # _____
(One Per Application)

2. Full Legal Name _____
Last First Middle

3. Address _____
Number and Street

_____ City State Zip

4. Home Phone () _____ 5. Business Phone () _____

7. 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

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

8. EXPERIENCE

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. **Resume may be attached, but "Experience" section must still be filled in completely.**

May we contact your present supervisor? _____ Yes _____ No

If no, please indicate why _____

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 _____

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

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Number and titles of employees you supervised _____
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Job Title _____
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Your name if different from present _____

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 _____

9. REFERENCES

List names and addresses of three persons NOT RELATED to you who know your position qualifications.

Name	Address	Phone	Relationship

10. 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 Hourly Part-time salaried
- d. Expected salary for this position _____
- e. Are you willing to accept employment which required you to travel? No Yes
If yes, During the day only Occasionally overnight Frequently overnight
- f. List the geographic locations in which you are willing to work. _____

- g. 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.
- h. Are you willing to provide your own transportation if necessary for your employment? Yes No
- i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): World War I - 4/16/17 - 4/1/20;
 World War II - 12/7/41 - 12/31/46; Korean Conflict - 6/27/50 - 1/31/55;
 Vietnam Conflict - 8/5/64 - 3/5/75; None of the dates shown, but I did serve in the military.
- j. Have you ever been convicted of a law violation(s), including moving traffic violations? (You do not need to include offenses committed **before** your 18th birthday which were finally adjudicated in a Juvenile Court or under a youth offender law.) Yes No
If yes, list all and explain _____

- k. Has your driver's license been suspended or revoked, for any reason, within the past 5 years? Yes No
If yes, explain _____

- l. Have you ever been involved in a malpractice suite or Human Rights complaint, even if you were not found responsible for any charges? If yes, explain _____

11. 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, add a separate sheet(s) of paper.

Automated Office Equipment (specify equipment) _____

Keyboard Proficiency _____ words per minute Transcription speed _____ words per minute

List driver's license, any other licenses, certificates, or other authorization to practice a trade or profession.

Type	License No.	Expiration Date	Granted by (licensing board)

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 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 Piedmont Regional Community Services Board. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Piedmont Regional Community Services Board 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*
- ____ VEC
- ____ Agency Bulletin Board
- ____ Other (please specify)

*Specify name of newspaper or other media

To meet the requirements of federal regulations, we need to collect information on the questions below for record keeping purposes. This information **WILL NOT** be used for making employment decisions and **WILL NOT** be kept with your application for employment.

Check the appropriate blocks:

- Female
- Male
- Disabled

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

- White (*includes Arabian*)
- Black (*includes Jamaicans, Bahamians and other Carribeans of Africa, 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*)
- Native American (*includes Alaskans*)

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

- Less than the 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

FOR OFFICE USE ONLY

Position applied for _____

EEO Category _____