



Application for Employment

Equal Opportunity Employer

Employees of Virginia Economic Development Partnership 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, age, sex, sexual orientation, or veteran status. If you require accommodations pursuant to the Americans with Disabilities Act in order to fill out this application, please call 804/545-5630 for assistance.

1. Position applied for _____ 2. Position Number _____
(one per application)

3. Full legal name _____ 5. Home Phone () _____
Last First Middle

4. Address _____ 6. Business Phone () _____
City State Zip

7. Cell Phone () _____

8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- 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
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:** _____
 Employe _____
 Address _____
 _____ Phone _____

Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/Software used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employe _____
 Address _____
 _____ Phone _____

Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment/Software used _____
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c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____

Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
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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**

- a. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- b. 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. Further, you will be required to provide documentation to that effect should you be employed.
- c. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- d. Section 2.2-2804 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: _____
- e. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
 Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- f. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? Yes No If YES, 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, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

12. **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 the Virginia Economic Development Partnership. **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 Virginia Economic Development Partnership 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 organizations or systems as needed and good cause shown, as determined by the organization head or designee.

Date _____ **Applicant Signature** _____

Supplementary Experience Form

Name _____ Position Applied For _____
 Position Number _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____

Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
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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, religion, political affiliation, national origin, disability, age, sex, sexual orientation, or veteran status.

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 appropriate block:

- Female
- Male

Date of birth: ____/____/____

Position applied for: _____
Position number: _____

How did you find out about this employment opportunity? (specify source)

Internet: _____
Newspaper: _____
State Agency: _____
Other: _____