



1173 West Main Street
 Abingdon, Virginia 24210
 (276) 623-9000

An Equal Opportunity / Affirmative Action Employer Maintaining a Drug Free Workplace

Application for Employment

Please print in ink (preferably black) or type

Position Applied For: _____
 (One per Application Form)

Office Use Only: Control #: _____

Full Legal Name _____
Last First Middle

Home Phone _____

Address _____

City State Zip

Cell Phone _____

Email _____

EDUCATION

Did you graduate high school or do you have a high school equivalency diploma? ? ____ Yes ____ No

If No: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Circle number of years of post high school education: 0 1 2 3 4 5 6 7 8

Name and location of institution	Degree Received	Major/Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

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

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

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

REFERENCES

List names, addresses and relationships of three persons not related to you who know your professional qualifications:
 (These references are not a substitute for work related references.)

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EXPERIENCE

Starting with the most recent, describe all paid, military and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items.

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
Your name if different from present _____

Immediate Supervisor:
Name _____ Title _____ Email _____

- I consent to this supervisor being contacted regarding this application for employment. I further give my permission for this supervisor to give a reference regarding my present or previous work experience.
- Please do not contact this supervisor.

Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

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Applicant Signature _____ Date _____

Job Title _____
Employer _____
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Type of Business _____
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Applicant Signature _____ Date _____

Use Supplementary Experience Form(s) for additional space.

Position Applied For: _____
Application Date: _____

Office Use Only: Control #: _____

How did you find out about this employment opportunity?

- _____ Newspaper*
- _____ Virginia Employment Commission
- _____ Agency Web Site
- _____ Return to Roots Web Site
- _____ People Incorporated Site
- _____ Other: _____

* Please specify name of Newspaper: _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. **This optional information will NOT be kept with your application for employment.** It will be removed from the application prior to it's review for consideration. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the blank for the racial 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 or Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- _____ American Indian (includes Alaskans)

Check the blank for the ethnic group with which you identify:

- _____ Hispanic
- _____ Non-Hispanic

Check the appropriate blank:

- _____ Male
- _____ Female

Please indicate your date of birth: _____/_____/_____

Supplementary Experience Form

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
Your name if different from present _____

Immediate Supervisor:
Name _____ Title _____ Email _____

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- Please do not contact this supervisor.

Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
Salary beginning \$ _____ ending \$ _____
Hours Worked _____ hours per week

Duties: _____

Number of employees supervised: _____
Reason for leaving _____
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Applicant Signature _____ Date _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Dates (mo/yr) _____ to (mo/yr) _____
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