



530 Woodlake Circle  
Chesapeake, VA 23320  
P 757.523.8668 F 757.523.9779

# APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity to all qualified persons without regard to race, color, religion, gender, age, national origin, disability, marital status, veteran status, or any other status protected by law.

## POSITION APPLIED FOR

What specific job are you applying for?	
How did you hear about the opening?	
What is your desired salary or wage range?	
If you have applied with us before, state when, and for what job?	
When are you able to start a new job?	

## PERSONAL INFORMATION

Last Name	First	Middle	Today's Date
Street Address			Home Telephone (    )
City, State, Zip			Email Address
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? {    } Yes {    } No			Business Phone (    )
Are you at least 18 years of age or otherwise eligible to work? {    } Yes {    } No			Social Security #
Have you ever been convicted of a felony? {    } Yes {    } No If yes, give the date and describe the offense:			
Do any of your friends or relatives work at our organization? If so, state name, relationship and location:			

## EDUCATION AND TRAINING

School	Name and Location	Course of Study or Major	Degree/Diploma and Year Attained
Elementary			
High School			
Business/Trade/ Technical			
College			
Graduate			

## OTHER SKILLS AND ACTIVITIES (Computer software and hardware, licenses, certificates, professional or civic memberships, and other activities which could be applicable to your employment.)

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## APPLICANT DATA RECORD

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

We comply with all government regulations, including our Affirmative Action responsibilities where they apply. The sole purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements.

As a government contractor, we are required to provide reports periodically on the sex, race, ethnicity, handicapped, veteran and other protected status of applicants. The following data is used for affirmative action reporting and analysis **ONLY**. Your cooperation is voluntary and appreciated.

**PLEASE NOTE:** ALL DATA RECORDS ARE KEPT IN A **CONFIDENTIAL FILE** AND ARE **NOT** PART OF YOUR APPLICATION FOR EMPLOYMENT OR PERSONNEL FILE.

(PLEASE PRINT)

POSITION(S) APPLIED FOR: \_\_\_\_\_

REFERRAL SOURCE: Advertisement\_\_\_ Friend\_\_\_ Relative\_\_\_ Walk-in\_\_\_  
VEC\_\_\_ Other (Please List)\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
street city, state zip

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1. SEX (CHECK ONE) MALE\_\_\_ FEMALE\_\_\_

2. ETHNIC GROUP/RACE (CHECK ONE) White\_\_\_ Black\_\_\_ Hispanic\_\_\_  
Asian/Pacific Islander\_\_\_ American Indian/Alaskan Native\_\_\_

3. VETERAN STATUS (CHECK ONE) Not applicable\_\_\_ Vietnam Veteran\_\_\_  
Other Veteran\_\_\_

I have\_\_\_ have not\_\_\_ chosen to voluntarily participate in this survey understanding it is used for Affirmative Action reporting and analysis and is **NOT** kept as part of my Application for Employment and is **NOT** used as a basis for any employment decision.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EMPLOYMENT** (Includes Military, if applicable. Please begin with your current or most recent employer.)

Name of Current or most recent Employer	Telephone ( )
Address	Employed (month + year) From To
Name of Supervisor	Pay per hour, week, or month Start \$ / Last \$ /
State your Job Title and give a brief description of your responsibilities	Reason for Leaving

Name of Previous Employer	Telephone ( )
Address	Employed (month + year) From To
Name of Supervisor	Pay per hour, week, or month Start \$ / Last \$ /
State your Job Title and give a brief description of your responsibilities	Reason for Leaving

Name of Previous Employer	Telephone ( )
Address	Employed (month + year) From To
Name of Supervisor	Pay per hour, week, or month Start \$ / Last \$ /
State your Job Title and give a brief description of your responsibilities	Reason for Leaving

Name of Previous Employer	Telephone ( )
Address	Employed (month + year) From To
Name of Supervisor	Pay per hour, week, or month Start \$ / Last \$ /
State your Job Title and give a brief description of your responsibilities	Reason for Leaving

**SIGNATURE**

I certify that all entries on this application for employment are true and complete, and I agree and understand that any falsification on this application or in subsequent interviews may cause the forfeiture of my employment with this organization. I understand that all information is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I understand that a criminal background check may be performed. I understand that employment with this organization is "at will," which means that either I or this organization can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the president has the authority to alter the foregoing.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_