

APPLICATION FOR EMPLOYMENT



**Family Service
of Roanoke Valley**
Strengthen Families. Heal Trauma. Restore Hope.
**360 Campbell Avenue, SW
Roanoke, VA 24016**

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Telephone
	City, State, Zip Code				Business Telephone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____				Social Security Number
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				When will you be available to begin work?
	Have you ever been convicted of any crime in Virginia or elsewhere, or do you currently have charges for any crime pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.				Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employers?
	Other special training or skills (languages, machine operation, etc.)				

EDUCATION	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Licenses Obtained				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name	Telephone ()
	Address	Employer – (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employer – (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employer – (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employer – (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Finish
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not wish us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason(s) _____ _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” in what Branch?
Describe any training received relevant to the position for which you are applying.	

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those that may disclose your race, color, religion, age or national origin.)

Applicant's Signature

**PLEASE READ AND UNDERSTAND THE FOLLOWING STATEMENT
BEFORE SIGNING YOUR APPLICATION.**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed on this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

The employer may request a background check. Prior to completion of the background check, the employer may choose to deny the applicant unsupervised access to children, the elderly, or disabled for whom the employer provides care. The employer may decide to deny employment based on the results of the background check.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature