

# Commonwealth of Virginia

Send this application directly to the agency announcing the vacancy.

An Equal Opportunity Employer

## Application for Employment

Employees 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, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_ 2. Agency \_\_\_\_\_

3. Social Security No.\* \_\_\_\_\_  
*\*Note: Completion of question three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.*

4. Full legal name \_\_\_\_\_ 5. Phone \_\_\_\_\_

6. Address \_\_\_\_\_ 7. Email \_\_\_\_\_

### 8. EDUCATION

a. Check highest grade completed: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup> \_\_\_

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 completed: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8+ \_\_\_

<u>Institution (Name &amp; Location)</u>	<u>Degree or Certificate Received</u>	<u>Major or Specialty</u>	<u>Minor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. 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 this section to highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

a. May we contact your present supervisor? NO \_\_\_ YES \_\_\_

b. Computer software experience – Please describe your computer and software proficiency using Microsoft Word, Excel, Outlook, PowerPoint, and Access; Quickbooks Pro; Adobe Acrobat Pro and any other relevant software you think may be useful. Be sure to specify the types of functions used and documents or products produced with each program.

<u>Software</u>	<u>Functions Used</u>	<u>Documents or Products Created</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Other qualifications: Use this space for any additional information you think would help us evaluate your application, including certifications, training, seminars, workshops, and special achievements or specialized skills

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<u>Type</u>	<u>License Number</u>	<u>Granted By (licensing board)</u>
_____	_____	_____
_____	_____	_____

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. highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. Use Supplemental Experience Form(s) for additional space.

**i. Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
 # and title of employees you supervised: \_\_\_\_\_  
 Equipment/Software used: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**ii. Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
 # and title of employees you supervised: \_\_\_\_\_  
 Equipment/Software used: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**iii. Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 City & State: \_\_\_\_\_  
 Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
 Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
 # and title of employees you supervised: \_\_\_\_\_  
 Equipment/Software used: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**10. REFERENCES** List names, addresses and relationships of three persons not related to you who know your qualifications.

Name	Title/Relationship	Address	Email	Telephone

**11. 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 (BENEFITS)  HOURLY (NO BENEFITS)  PART-TIME SALARIED (LEAVE BENEFITS ONLY)
- d. Are you willing to travel?  NO  YES  
 If yes:  DURING THE DAY ONLY  OCCASIONALLY OVERNIGHT  FREQUENTLY OVERNIGHT
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  YES  NO
- f. 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.  
 Are you willing to provide your own transportation if necessary for your employment?  YES  NO
- g. Section 2.1-32.1 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: \_\_\_\_\_
- h. For purposes of compliance with Section 2.1-112 of the Code of Virginia, check here  if you are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard.  
 If so, did you serve during the Vietnam Conflict (2/28/61-3/7/75)?  YES  NO

**12.** When will you be available to start work? No date necessary if you are available as soon as you give two (2) weeks notice. MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

**13. CERTIFICATION** 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 Commonwealth of Virginia. I understand that all information on this application is subject to verification, and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the agency 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 \_\_\_\_\_

**SUPPLEMENTAL EXPERIENCE FORM**

Name: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

In reverse chronological order, continue to describe *ALL* paid, military, and applicable voluntary experience. You may list significantly different jobs within the same organization as separate items. highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
# and title of employees you supervised: \_\_\_\_\_  
Equipment/Software used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
# and title of employees you supervised: \_\_\_\_\_  
Equipment/Software used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
# and title of employees you supervised: \_\_\_\_\_  
Equipment/Software used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
# and title of employees you supervised: \_\_\_\_\_  
Equipment/Software used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_ Hours/week: \_\_\_\_\_  
Dates (month/year): \_\_\_\_\_ to: \_\_\_\_\_  
# and title of employees you supervised: \_\_\_\_\_  
Equipment/Software used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you find out about this employment opportunity?

- \_\_\_\_\_ Newspaper\*
  - \_\_\_\_\_ Radio/TV\*
  - \_\_\_\_\_ Virginia Employment Commission
  - \_\_\_\_\_ Department of Human Resource Management web page
  - \_\_\_\_\_ State RECRUIT system
  - \_\_\_\_\_ Agency web page
  - \_\_\_\_\_ Local Library
  - \_\_\_\_\_ Other (please specify)
- \_\_\_\_\_

\* specify name of newspaper or other media

\_\_\_\_\_

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. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

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 or Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- \_\_\_\_\_ American Indian ( includes Alaskans)

Check the appropriate block:

- \_\_\_\_\_ Female
- \_\_\_\_\_ Male

Please indicate your date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**  
EEO Category: \_\_\_\_\_