

Please print in ink (preferably black) or use typewriter

Number of attachments \_\_\_\_\_

Position number \_\_\_\_\_

## Commonwealth of Virginia

An Equal Opportunity Employer

## Application for Employment



Send this application  
directly to the agency  
announcing the vacancy.

Employees of the Commonwealth 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 \_\_\_\_\_  
(one per application)

2. Agency \_\_\_\_\_

3. Social Security No. \_\_\_\_\_

(Note: Completion of number 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 \_\_\_\_\_  
Last First Middle

6. Home Phone ( ) \_\_\_\_\_

5. Address \_\_\_\_\_

7. Business Phone ( ) \_\_\_\_\_

8. **EDUCATION**

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 Year Completed \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received \_\_\_\_\_

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	Dates Attended
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:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_

Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_

Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_

Equipment used \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

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. Automated word processing (specify equipment) \_\_\_\_\_  
Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. 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. 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 accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only,  
☐ Occasionally overnight, ☐ Frequently overnight.  
e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" \_\_\_\_\_  
f. 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 and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.  
g. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.  
h. 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: \_\_\_\_\_  
i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, 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?  
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No  
j. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please 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, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

# 13. 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 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 Commonwealth 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 \_\_\_\_\_

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, 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 Carribbeans 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 block for the highest level of education you have completed (check only one):

- ☐ Less than 8th grade
- ☐ Completed 8th grade
- ☐ Attended high school
- ☐ High school graduate or equivalent
- ☐ Attended college and/or associate degree
- ☐ College graduate
- ☐ Attended graduate school
- ☐ Master 's degree
- ☐ Graduate study beyond master's requirements
- ☐ Ph.D. or professional degree

Check the appropriate block:

- ☐ Female
- ☐ Male

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

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

Position number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- ☐ Newspaper\*
- ☐ State RECRUIT system
- ☐ Radio/TV\*
- ☐ Agency Bulletin Board
- ☐ VEC
- ☐ Other (please specify)

\_\_\_\_\_  
\*specify name of newspaper or other media  
\_\_\_\_\_

## Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
 Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

<b>Job Title</b> _____	<b>Duties:</b> _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment 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</b> _____	<b>Duties:</b> _____
Employer _____	_____
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