



*Helping kids and families find courage*

**Elk Hill  
Application for Employment  
An Equal Opportunity Employer**



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**Application for Employment**

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.

1. Position applied for \_\_\_\_\_ 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 \_\_\_\_\_ 6. Home Phone ( ) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ VA \_\_\_\_\_

8. E-mail Address \_\_\_\_\_

**9. EDUCATION**

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- 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 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:

10. **EXPERIENCE** – 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

<p>a. <b>Job Title</b> _____</p> <p><b>Employer</b> _____</p> <p><b>Address</b> _____</p> <p>_____</p> <p>_____</p> <p>Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Salary (start) _____ Salary (finish) _____</p> <p>Dates(mo/yr) _____ To (mo/yr) _____</p>	<p><b>Duties:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number and titles of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p>
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b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (finish) \_\_\_\_\_  
Dates(mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

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 \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (finish) \_\_\_\_\_  
Dates(mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

d. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
**Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_  
Salary (start) \_\_\_\_\_ Salary (finish) \_\_\_\_\_  
Dates(mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_  
Equipment used \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your name if different from present \_\_\_\_\_

e. 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:  
\_\_\_\_\_  
\_\_\_\_\_

f. Please describe your experience working with adolescent.  
\_\_\_\_\_

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

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

11. **REFERENCES**

List names, addresses and relationships of three person not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you will accept: Full-time Part-time (specify) \_\_\_\_\_
- c. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- d. Are you able to provide your own transportation if necessary for your employment? Yes No
- e. 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.
- f. 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):  
County, City, State of Conviction:

Date of Charge:

Date 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.

- 13. 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

14. **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 of 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 that you may contact references, former employers and educational institutions listed regarding this application.

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_