**Employment Application **

Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

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| --- | --- | --- |
| **Personal Information** |  |  |
| Legal Last Name | Legal First Name | Middle Initial |
| May we contact you via E-mail? \_\_\_\_\_ Yes \_\_\_\_\_ No | If so, please provide your E-mail address: |  |
| Social Security Number | Date Available to start work |  |
| Home phone number | Message/Mobile phone  |  |
| Address (number, street, apartment number) |  |  |
| City | State | Zip |
| Were you previously employed by Virginia Supportive Housing?   Yes  No  |  If no, how were you referred? |
| If YES, Date: From\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_ |  Advertisement (specify):  Employment Agency (Company):  Employee Referral (Name of Employee):  School:  Other (Specify): |
| Position: |
| Location: |
| CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes  No (In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant’s identity and legal ability to work in the United States.)Are you authorized to work for all U.S. employers or only your current employer?  All  Current  |
| Are you at least eighteen years of age?  Yes  No (If less than 18 yrs., you will need to provide a work permit and/or age certificate upon offer of employment) |
| Have you ever been convicted of a felony?  Yes  No If YES, please explain: (such a conviction will not necessarily disqualify you from employment with Virginia Supportive Housing. Please attach an additional sheet if necessary). |
| **Job Interest** |  |  |
| Wage/Salary desired: $\_\_\_\_\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_ | Preferred work schedule  Full-time   Part-time   Temporary  | Hours of Availability:  |
| Position for which you are applying:Location: | **Sun** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** |
|  |  |  |  |  |  |  |
| **Education Information** |  |  |
| **Type of School** | **Name and Location** | **Years Completed** | **Major Course of Study** | **Graduated(Yes or No)** | **Degree** |
| **High School** |  |  |  |  |  |
| **College/University** |  |  |  |  |  |
| **Graduate School** |  |  |  |  |  |
| **Technical/Business** |  |  |  |  |  |
| Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.) |

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| **Job-Related Skills or Experience** |  |  |
| List any job related skills or experience that would qualify you for the position for which you are applying: |
| **Employment History** |  |  |
| Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience. |
| 1.Name of current/most recent employer Position Held |
| Employer’s address (number/street) City State ZIP |
| Dates Employed: From To Position (starting):$\_\_\_\_\_\_\_\_\_\_\_Final salary:$\_\_\_\_\_\_\_\_\_\_\_  Hourly  Weekly  Monthly  Yearly May we contact your present employer?  Yes  No |
| Reason for leaving: Telephone Number: ( ) Supervisor (name and title): |
| 2.Name of current/most recent employer Position Held |
| Employer’s address (number/street) City State ZIP |
| Dates Employed: From To Position (starting):$\_\_\_\_\_\_\_\_\_\_\_Final salary:$\_\_\_\_\_\_\_\_\_\_\_  Hourly  Weekly  Monthly  Yearly May we contact your present employer?  Yes  No |
| Reason for leaving: Telephone Number: ( ) Supervisor (name and title): |
| 3.Name of current/most recent employer Position Held |
| Employer’s address (number/street) City State ZIP |
| Dates Employed: From To Position (starting):$\_\_\_\_\_\_\_\_\_\_\_Final salary:$\_\_\_\_\_\_\_\_\_\_\_  Hourly  Weekly  Monthly  Yearly May we contact your present employer?  Yes  No |
| Reason for leaving: Telephone Number: ( ) Supervisor (name and title): |
| **References** |  |  |
| Please provide the names, addresses, and telephone numbers of at least two (2) professional references who are not related to you. |
| 1. Name Title |
| Address Telephone Number |
| 2. Name Title |
| Address Telephone Number |
| 3. Name Title |
| Address Telephone Number |

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| **PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW** |
| We greatly appreciate your interest in our organization. Please be advised that applicants are considered for all positions without regard to race, color, religion, sex, age, sexual orientation, national origin, disability or any other protected characteristics as established by law. This policy of Equal Employment Opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination and all other terms and conditions of employment. For consideration for employment with us, the application must be completed in its entirety and signed by you. This application will remain open for consideration for the position for which you applied for ninety (90) days from today’s date. If you wish to be considered for this position or another position after ninety days from this date, you will need to complete and submit another application.Should you be formally offered a position with Virginia Supportive Housing your employment will be considered “at-will”, which means that there is no agreement between you and Virginia Supportive Housing or any of its affiliated companies for any definite period of employment. Furthermore, it is understood that you or Virginia Supportive Housing has the right to terminate your employment at any time, with or without cause. There is no guarantee of employment terms, conditions or benefits except those that are made in writing by the owner or authorized executive level manager. |
| I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination. I understand any offer of employment may be contingent upon a credit, criminal or other types of background checks, including a drug screening. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.I understand that if hired, the employment relationship is at-will. This means that either Virginia Supportive Housing or I may terminate the employment relationship at any time, for any or no reason. |
| BY LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE. |
|  |
| Signature of Applicant: Date:  |

**Virginia Supportive Housing IS AN EQUAL OPPORTUNITY EMPLOYER**

Employment Verification

Release of Liability

To Whom It May Concern:

The applicant named below is being considered for employment with our Company.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us via fax to my attention at \_\_\_\_\_\_\_\_\_\_. If you have any questions or concerns, I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Hiring Person Name Here

Hiring Person Title Here

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Former Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT'S AUTHORIZATION**

I hereby authorize the above individual, company, or institution to furnish Virginia Supportive Housing with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**RECORD OF EMPLOYMENT**

Date(s) of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Employment Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the Applicant in each of the following areas:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Skill | Excellent | Good | Average | Below Avg. | Poor |
| Initiative & Level of Motivation | Excellent | Good | Average | Below Avg. | Poor |
| Attendance & Dependability | Excellent | Good | Average | Below Avg. | Poor |
| Productivity | Excellent | Good | Average | Below Avg. | Poor |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Would you rehire Applicant?      \_\_\_Yes      \_\_\_No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature                                 Title                                 Date