

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.

Personal Information		PLEASE PRINT								
Legal last name:	Legal first name:	Middle initial:								
May we contact you via email? Yes No	Email address:									
Today's date:	Date available to start work:									
Home phone:	Mobile phone:									
Address:							Apt. #:			
City:		State:			Zip:					
Were you previously employed by Virginia Supportive Housing?		If no, how were you referred?								
If YES, Date: From _____ To _____		<input type="checkbox"/> Advertisement (specify): _____								
Position: _____		<input type="checkbox"/> Employment Agency (Company): _____								
Location: _____		<input type="checkbox"/> Teammate Referral (Teammate Name): _____								
		<input type="checkbox"/> School: _____								
		<input type="checkbox"/> Other (Specify): _____								
		Are you related to, or have a relationship with, any VSH employees, funders or affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list name(s) of person(s):</i>								
CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?										
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(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.)</i>										
Are you authorized to work for all U.S. employers or only your current employer? <input type="checkbox"/> All <input type="checkbox"/> Current										
Are you at least eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If less than 18 years, you will need to provide a work permit and/or age certificate upon offer of employment)</i>										
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, please explain. A conviction will not automatically disqualify you from employment. Attach additional sheet if necessary).</i>										
Job Interest										
Wage/Salary desired: \$ _____ per _____		Preferred work schedule:		Hours of Availability:						
Position for which you are applying: _____		<input type="checkbox"/> Full-time		Sun	Mon	Tues	Wed	Thu	Fri	Sat
Location/Program: _____		<input type="checkbox"/> Part-time								
		<input type="checkbox"/> Temporary								
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. <i>(You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.)</i>										

Job-Related Skills and Experience

List any job related skills, training or experience that would qualify you for the position for which you are applying:

Employment History

Start with your current or most recent position, including volunteer experience and self-employment for the past ten (10) years. All information must be included, even if you are attaching a resume.

Name of current/most recent employer:

Position Held:

Employer's address:

City:

State:

Zip:

Dates employed: From: _____ To: _____ Starting pay: \$ _____ Final pay: \$ _____ per _____

May we contact? Yes No Supervisor name: _____ Phone # _____

Reason for leaving (be specific): _____

Name of previous employer:

Position Held:

Employer's address:

City:

State:

Zip:

Dates employed: From: _____ To: _____ Starting pay: \$ _____ Final pay: \$ _____ per _____

May we contact? Yes No Supervisor name: _____ Phone # _____

Reason for leaving (be specific): _____

Name of previous employer:

Position Held:

Employer's address:

City:

State:

Zip:

Dates employed: From: _____ To: _____ Starting pay: \$ _____ Final pay: \$ _____ per _____

May we contact? Yes No Supervisor name: _____ Phone # _____

Reason for leaving (be specific): _____

If relevant to the position for which you are applying: Do you have a valid driver's license? _____

Have you had any accidents or moving violations during the past three years? _____

References

Please list three persons (not related to you) **who supervised your work performance** and can provide information about your qualifications:

1. Name:

Work Relationship:

Email:

Phone #:

2. Name:

Work Relationship:

Email:

Phone #:

3. Name:

Work Relationship:

Email:

Phone #:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

We greatly appreciate your interest in our organization. Applicants are considered for all positions without regard to race, color, religion, sex, age, sexual orientation, gender identity, national origin, disability, pregnancy, childbirth and related medical conditions, marital status, veteran status, genetic information, 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 (90) 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.

I have read the above information and I understand and agree to its terms.

Signature of Applicant: _____

Date: _____

Virginia Supportive Housing IS AN EQUAL OPPORTUNITY EMPLOYER.