APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)						
Position(s) Applied For			Date of Appli	cation		
Last Name First Name Midd			ddle Name	le Name		
Address Number	Street	City Sta	ate Zip C	Code		
Telephone Number(s)		Social Security N	lumber			
Best time to contact you at	home is:		:	AM or PM		
If you are under 18 years of	of age, can you provide	required proof of your eligibility to work?	Yes	No		
Have you ever filed an app If Yes, give date	olication with us before	?	Yes	No		
Have you ever been emplo			Yes	No		
Do any of your friends or If Yes , state name, relation		pouse, work here?	Yes	No		
Are you currently employed	ed?		Yes	No		
May we contact your prese	ent employer?		Yes	No		
Are you prevented from la because of Visa or Immigr (Proof of citizenship or	Yes	No				
Date available for work		What is your desired salary range?		_		
Are you available to work	□ Part Time	ease indicate dates available//	//			
Are you currently on "lay	off" status and subject	to recall?	Yes	No		
Can you travel if a job req	uires it?		Yes	No		
	WE ARE AN EQ	QUAL OPPORTUNITY EMPLOYER				

ALL POSITIONS ARE AT WILL

EDUCATION		INTO DESCRIPTION OF THE PARTY OF THE PARTY.			100 00
SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STU		YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL					
UNDERGRADUATE COLLEGE					
GRADUATE/ PROFESSIONAL					
WORK EXPERIENC	E	1			
Employer		Dates Employed	Work Performed		
Address		From - To			
Telephone Number(s)		Hourly Rate/Salary			
Starting/Present Job 7 Supervisor	i itie				
Reason For Leaving		l I			e Contact? _/No
Employer		Dates Employed		Work Perfo	rmed
Address		<u>From - To</u>			
Telephone Number(s)					
Starting/Present Job	<u> </u>	Hourly Rate/Salary			
Supervisor					
Reason For Leaving				May W	<u>'e Contact?</u> _/No
Employer		Dates Employed		Work Perfo	rmed
Address		From - To			
Telephone Number(s)	<u> </u>	Hourly Rate/Salary			

May We Contact?
Yes___/No__

Starting/Present Job Title

Reason For Leaving

Supervisor

Employer	Dates Employed	Work Performed			
Address	From - To				
Telephone Number(s)	-				
Starting/Present Job Title	Hourly Rate/Salary				
Supervisor	-				
		N. 337 C. 4 40			
Reason For Leaving		May We Contact? Yes/No			
COMMENTS: Include explanation of any gaps in emp	lovment.				
Describe any specialized training, apprenticeship, skills	s and overs ourricular	notivities			
Describe any specianized training, apprenticesing, skins	s and extra-curricular	activities.			
Describe any job-related training received in the Unite	d States military.				
List professional, trade, business or civic activities and reveal gender, race, religion, national origin, age, ancestr	,	-			
resum gentler, reces, rengren, numerius en grin, age, arrecess	y, wastering, er einer p	, crococa battana,			
W 20-5.91					
A DOMESTIAL TRECORD A STORY		100			
ADDITIONAL INFORMATION Other Qualifications summarize special job- related skills and	qualifications acquired f	rom employment or other experience			
	134 to 1944 (1972)	PHI ST			
PERSONAL/PROFESSSIONAL REFERENCES: Do not include family members or past supervisor.					
Name	Phone Numl	per Best Time to Call			
1)					
2)					
3)					

APPLICANT'S STATEMENT
I certify that answers given herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written

document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in

Date

INFORMATION REQUEST

Www.dmv/Now.com Virginia Department of Motor Vehicles Post Office Box 27412 Richmond, Virginia 23259-0001

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION								
REQUESTER FULL NAME (last, first, mi, suffix) FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*								
EMAIL ADDRES	ss	ORGANIZATIONAL AFFILIATION (if any)		TELEPHONE N	IUMBER	USE AGREEMENT N	GREEMENT NUMBER (if applicable)	
STREET ADDR	ESS	<u>.I</u>	CITY	Ι ,				
STATE	ZIP CODE	ACCESS CODE (if applicable)	TNC CERTIF	ICATE NUMBER (i	f applicable)			
REASON FOR	I REQUEST (be specific) (attach addi	tional sheets if necessary)						
	* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.							
morading y	our social security number, be t	GOVERNM			- v	-,1		
IDENTIFY PRO	POSED USE AND LEGAL AUTHOR	RITY (Attach additional pages if nee			ation)			
Federal	State	City	County		Special Distric	ct Other (i	dentify below)	
IF OTHER, IDE	NTIFY TYPE							
Check he	re if you are an attorney for the	Commonwealth requesting info	rmation purs	suant to your auth	ority under Va.	. Code § 15.2-1627.	CASE DATE	
I=	-	equesting information pursuant	•	-	-	•		
		SUBJEC1	INFORM	IATION				
	uesting driving record information the vehicle owner (if available)	on, the subject will be the person.	n you are red	questing informat	ion on. If you a	re requesting vehic	le information, the	
SUBJECT FULI	NAME (last, first, mi, suffix)	☐ CHECK TO INDICATE	SUBJECT NA	ME AND ADDRES	S IS THE SAME	AS THE REQUESTER	RABOVE	
STREET ADDR	ESS							
CITY					STATE	ZIP CODE		
		INFORMAT	ION REQ	UESTED				
		ne type of information you wish For Police Crash Reports provide				d for Driving Record	Information, Vehicle	
⊠DRIVIN	RECORD INFORMATI	ON (Includes license history	and convic	tion data) (com	olete SUBJEC	T INFORMATION a	bove)	
SUBJECT	DRIVER LICENSE NUMBER		or	JBJECT BIRTH DA	TE (mm/dd/yyyy))		
REASON F	OR REQUEST (Check one) Ins	surance Employment, School,	or Military	Member/Applicar	nt/Volunteer	Personal Use, Court	, or Attorney TNC	
		red for employers and others no n pertaining to my driving record				ne Department of Mo	otor Vehicles to	
SUBJECT	SIGNATURE		· ·			DATE (mm/dd/	(ууу)	
VEHICL	E INFORMATION (Include	es vehicle description and re	gistration d	ata) (complete S	UBJECT INFO	RMATION above)		
VEHICLE	DENTIFICATION NUMBER (VIN)		VEHIÇLE	MAKE			VEHICLE YEAR	
1—	CRASH REPORT							
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.								
Check one or more boxes to indicate your involvement in the crash:								
		red or involved in the eresh	_	was a PASSEN		recult thereof (av.	niurad nadostrica	
I legally REPRESENT a person injured or involved in the crash.								
I am the parent or legal guardian of a minor injured or killed in the crash. At the time of the crash, I owned a vehicle/property involved.								
I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash. I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a								
person has applied for issuance or renewal of a policy of automobile insurance.								