

APPALACHIAN JUVENILE COMMISSION

P.O. Box 16248
Bristol, VA 24209



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Employees of the Appalachian Juvenile Commission 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, material status, gender or age.

1. Position applied for _____ 2. Program _____

3. Social Security No. _____ (Note: Completion of number three is optional. Failure to submit Social Security number will not prohibit employment consideration. Social security numbers may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

_____ 8. E-mail Address _____
City State Zip

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. REFERENCES

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

| Name | Address | Phone | Relationship |
|-------|---------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. 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

a. Job Title _____ Duties _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and title of employee 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 _____ Duties _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and title of employee 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 _____

c. Job Title _____ Duties _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and title of employee 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 _____

12. MISCELLANEOUS

a. 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.

b. Section 2.2-2804 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 fail to do so. If you are/were required to register for the Selective Service, have you done so? Yes No

If NO, state reason: _____

c. 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.

d. When will you be available to start work?

13. CERTIFICATION—Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on all pages and attachments are true and complete, and I agree and understand that any falsifications of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Appalachian Juvenile Commission. 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. I further authorize the Appalachian Juvenile Commission to rely upon and use, as it sees fit, any information received from such contacts. I understand there is a Substance Abuse Program in effect and that as a condition of employment, I must undergo and pass a pre-employment drug and alcohol exam and be subject to random testing upon demand. I consent to take a medical examination by a qualified physician at the discretion of the Appalachian Juvenile Commission.

DATE _____ **APPLICANT SIGNATURE** _____

For Office Use Only

Date Received _____

Received By _____