DHRM Form 10-012 (Rev. 9/03)

Please print in ink (preferably black) or use typewriter

Number of attachments

Position number

## Commonwealth of Virginia

An Equal Opportunity Employer



Send this application directly to the agency announcing the vacancy.

## **Application for Employment**

Employees of the Commonwealth 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, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1.	Position applied for		2. Agency					
	(6	one per application)						
3.	Social Security No.			ion of number three is optional.				
5.				U 1				
			Social security n	number may be required on other		nployment.)		
4.	Full legal name	First	Middle	6. Home Phon	e ( <u>)</u>			
	Last	First	Middle					
5.	Address			7. Business Ph	ione (	)		
				8. E-mail Addr	ess			
	City	State	Zip	012				
9.	EDUCATION							
	a. Check highest grade completed		07 🗌 8 🛄 9 🗌	10 11 12				
	b. If you did not complete high school, do yo	u have a high school equivale	ncy diploma?	Yes No				
	c. Check number of years of post high school		$2 \square 3 \square 4 \square 5$					
	Name and Location of Institution	Hrs	Deerree	Maion on Spacialty	Minor	Datas Attandad		
	Name and Location of Institution	HIS	Degree Received	Major or Specialty	Minor	Dates Attended		
		1	Received	1	1	1		
	1							
	2							
	3.							
		·	·	C 1				
	d. If you expect to complete an educational p				and expected			
	completion date:							
10.	<b>EXPERIENCE</b> — Use Supplementary Experience				nilitary and app	licable		
	voluntary experience. Highlight your knowledge, sk							
	You may list significantly different jobs within the s	ame organization as separate item	s. May we contact y	our present supervisor?	Yes	No No		
0	Job Title	Dutios						
a.								
	Employer							
	Address							
	Director							
	Type of business	· ·						
	Immediate supervisor		1	• •				
	Title	Number and titles of emp						
	Salary (start) (finish)	Equipment used						
	Dates (mo/yr) to (mo/yr)	Reason for leaving						
	Full-time Part-time Hours/week	Your name if differe						
b.	Job Title	Duties:						
	Employer							
	Address							
	Phone							
	Type of business							
	Immediate supervisor							
	Title	NT 1 1.441 C						
			employees you su	pervised				
	Salary (start) (finish)	Equipment used	employees you su	ipervised				

c.	Job Title		Duties:					
	Employer							
	Address							
	Phone							
	Type of business							
	Immediate supervisor							
			Number and	titles of employees you super	rvised			
	Salary (start) (finish)		Equipment u					
	Dates (mo/yr) to (mo/y		Reason for le	owing				
	Full-time Part-time Hours/		Your name in	f different from present				
d.	Use this space for any additional inform and special achievements or specialized		-	us evaluate your application,		-		
e.	Automated word processing (specify e	quipment)						
	Typing speed words per r		Shorthand	speed words per	r minute			
f.	License (to include driver's), certificate	e or other autho	prization to pra					
	Туре	License	Number					
	Турс	License	Tumber		Granted by (neensing board	<i>(</i> )		
11.	REFERENCES List names, addresses and relationships of three persons not related to you who know your qualifications:							
	Name	Address		Phone	Relationship			
	MISCELLANEOUS		_					
	Check which shift you will accept:			Night 🗌 Rotating 🗌 We	eekends Specify shift	nours		
b.				Part-time (specify)				
c.	Check which employment status you w	ill accept:	Salaried (be	enefits) $\Box$ Hourly (No be	enefits)	aried (leave benefits only)		
d.	Are you willing to accept employment			$\Box$ No $\Box$ Yes. If yes, $\Box$	During the day only,			
0	□ Occasionally overnight, □ Fre List the geographic locations in which			numbers in Virginia, write "a	11"			
	0 0 1	•						
	Are you willing to provide your own tr					Inited States?		
g. 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 verifyi							
	employed.							
h.	Section 2.2-2804 of the Code of Virgin	ia prohibits any	board, comm	ission, department, agency, ir	nstitution or instrumentality	of the		
	ommonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration							
	equirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? 🗌 Yes 🗍 No.							
	If no, state reason:							
i.	For purposes of compliance with Section							
	nore than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National							
	he National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?							
	Yes No. If yes, did you serve du							
j.	Have you ever been convicted* for any	violation(s) of	f law, including	g moving traffic violations.	J Yes ∐ No If YES, pleas	e provide the following:		
		Description of offense:						
	Statute or ordinance (if known ):	Date of Charg	e: ; Date	e of Conviction				
	County, City, State of Conviction:	[]		)				
	(For additional convictions use plain paper.	include all inform	nation listed abo	ve.)				

\*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. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date

**Applicant Signature** 

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify: White (includes Arabian) Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic	Check the block for the highest level of education you have completed (check only one): Less than 8th grade Completed 8th grade Attended high school	Check the appropriate block: Female Male
or Arabian descent)	High school graduate or equivalent	Please indicate your date of birth: _/_/
Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or	<ul> <li>Attended college and/or associate degree</li> <li>College graduate</li> </ul>	Position applied for:
other Spanish origin or culture)	Attended graduate school	Position number:
Asian & Asian American (includes Pakistanis,	Master's degree	
Indians & Pacific Islanders)	Graduate study beyond master's	
American Indians (includes Alaskans)	requirements	FOR OFFICE USE ONLY
	Ph.D. or professional degree	EEO Category:
How did you find out about this employment opportun I Newspaper* Radio/TV* Agency Bulletin Bo	tem	

- Other (please specify)

\*specify name of newspaper or other media

## Supplementary Experience Form

ial Security Number	Position Applied For Announcement Number		
Job Title	Duties:		
Employer			
Address			
Phone			
Type of business			
Immediate supervisor			
	Number and titles of employees you supervised		
Salary (start) (finish)	Number and titles of employees you supervised         Equipment used		
Dates (mo/yr) to (mo/yr)	Reason for leaving		
Full-time Part-time Hours/week	Vour name if different from present		
I ob Title	Duties:		
Address			
Address			
Phone			
Type of business			
Immediate supervisor			
Title	Number and titles of employees you supervised		
Salary (start) (finish)	Number and titles of employees you supervised         Equipment used         Pageop for logving		
Dates (mo/yr) to (mo/yr)	Reason for leaving		
Full-time         Part-time         Hours/week	Vour name if different from present		
	Your name if different from present Duties:		
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Employer			
Address			
Type of husiness			
Immediate supervisor			
	Number and titles of employees you supervised		
Salary (start) (finish)	Number and titles of employees you supervised		
Salary (start) (finish)	Equipment used Reason for leaving		
Dates (mo/yr)     to (mo/yr)       Full-time     Part-time     Hours/week	Your name if different from present		
Lab Title	Y our name if different from present		
	Duties:		
Employer			
Address			
Phone			
Type of business			
Immediate supervisor			
Title	Number and titles of employees you supervised		
Salary (start) (finish)	Equipment used		
Dates (mo/yr) to (mo/yr)	Reason for leaving		
Dates (III0/yI)         IO (III0/yI)           Full-time         Part-time         Hours/week	Your name if different from present		
Job Title	Duties:		
Employer			
Address			
Phone			
Type of business			
J1			
Immediate supervisor			
Immediate supervisor Title	Number and titles of employees you supervised		
Title	Number and titles of employees you supervised         Equipment used		
	Number and titles of employees you supervised         Equipment used         Reason for leaving		

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Full-time Part-time Hours/weel	Your name if different from present
Job Title	Duties:
Employer	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you supervised         Equipment used
Salary (start) (finish)	Equipment used
Dates (mo/yr) to (mo/yr)	Reason for leaving
Full-time Part-time Hours/weel	Your name if different from present
	Duties:
Employer	
Address	
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Type of business	
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Salary (start) (finish)	Equipment used
Dates (mo/yr) to (mo/yr)	Reason for leaving
Full-time Part-time Hours/weel	Your name if different from present
	Duties:
Employer	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you supervised
Salary (start) (finish)	
Dates (mo/yr) to (mo/yr)	
Full-time Part-time Hours/weel	
Job Title	Duties:
Employer	
Address	
Phone	
Type of business	
Immediate supervisor	Number and titles of employees you supervised
Immediate supervisor	Number and titles of employees you supervised       Equipment used
Immediate supervisor	

Job Title	Duties:
Employer	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you supervised
Salary (start) (finish)	
Dates (mo/yr) to (mo/yr)	Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
Job Title	Duties:
Employer	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you 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
Job Title	Duties:
A	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you supervised
Salary (start) (finish)	
Dates (mo/yr) to (mo/yr)	Reason for leaving
Full-time Part-time Hours/week	Your name if different from present
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Employer	Duties:
Address	
Address	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of amployees you supervised
	Number and titles of employees you supervised
Salary (start)(finish)Dates (mo/yr)to (mo/yr)	Reason for leaving
	Your name if different from present
Job Title	Duties:
Employer	
Address	
 I	
Phone	
Type of business	
Immediate supervisor	
Title	Number and titles of employees you 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