All statements made by applicants on this application will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran’s status, sex, national origin, or the presence of a non-job- related medical condition or disability or any other protected status.

# PERSONAL INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First | Middle | Date of Application | |
| Street Address | | | Home Phone | Cell Phone |
| City | State | Zip Code | E-mail Address | |
| Position Applied for | | | Type of Employment?  Full / Part / Temporary | |
| If Part Time, what days and hours can you work? | | When can you begin working? | | |
| Have you ever applied for employment with us before?  □ Yes □ No If yes, Month and Year | | | Pay Expected? | |

EDUCATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma Earned |
| High |  |  |  | * Yes * No |  |
| College |  |  |  | * Yes * No |  |
| Graduate |  |  |  | * Yes * No |  |
| Other |  |  |  |  |  |

GENERAL INFORMATION

|  |  |
| --- | --- |
| Have you ever been bonded? | * Yes * No |
| Have you ever been refused a bond? If yes, state reason and date. | * Yes * No |
| Have you ever served in the U.S. Armed Forces?  If yes, Branch Date Entered Date Discharged | * Yes * No |
| Have you ever been discharged or requested to resign from a position? If yes, please explain. | * Yes * No |
| Are you employed now? | * Yes * No |
| Why do you desire to make a change? |  |
| Have you ever held a position of trust (handling money or confidential materials)? | * Yes * No |
| Do you have any reason to believe that you would have trouble meeting this agency’s work schedule? If yes, please explain. | * Yes * No |

**A conviction may not necessarily be a bar to employment; factors such as age and time of offense, seriousness, and nature of the violation and rehabilitation will be taken into account.**

EXPERIENCE

|  |  |  |
| --- | --- | --- |
| 1. Company/Agency Name and Address | | Telephone Number |
| Immediate Supervisor(Name and Position) | Date Hired | Starting Rate of Pay |
| Job Title & Duties | Date Left | Last Rate of Pay |
| Reason for Leaving | May we contact this employer? □ Yes □ No | |
| 2. Company/Agency Name and Address | | Telephone Number |
| Immediate Supervisor(Name and Position) | Date Hired | Starting Rate of Pay |
| Job Title & Duties | Date Left | Last Rate of Pay |
| Reason for Leaving | May we contact this employer? □ Yes □ No | |
| 2. Company/Agency Name and Address | | Telephone Number |
| Immediate Supervisor(Name and Position) | Date Hired | Starting Rate of Pay |
| Job Title & Duties | Date Left | Last Rate of Pay |
| Reason for Leaving | May we contact this employer? □ Yes □ No | |

# REFERENCES

List the names, addresses, and phone numbers of three business references, not related to you, who know your qualifications and/or can provide a character reference.

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Phone Number: |
| Name: | Address: | Phone Number: |
| Name: | Address: | Phone Number: |

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

JOB APPLICANT’S AGREEMENT AND CERTIFICATION

“I certify that the information given by me in this application is true in all respects, and I agree that if the information is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages for furnishing such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AHC and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon AHC unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, subject to AHC personnel policies, and AHC retains the same right.”

“I understand that if employed, policies and procedures which are issued are not conditions of employment and that AHC may revise policies and procedures, in whole or in part, at any time.”

“I agree to submit to a criminal record check and/or fingerprint record search pursuant to Sections 19.2-398 and 37.1-197.2, Code of Virginia, and will provide personal descriptive information to be used in a national criminal records check. I understand that my becoming employed and my continued employment are subject to the results of the criminal history check and /or fingerprint record search.”

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**