

# Commonwealth of Virginia

*An Equal Opportunity Employer*

## Application for Employment



Position Number:	Job Title:
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### Personal Information

First Name:	Middle Name:	Last Name:	Suffix:
Address:		City:	State: Zip Code:
Country:	Primary Contact Number:	Alternate Contact Number:	Other Contact Number: Email Address:
Check which shift you will accept: Day Evening Night Rotating Weekends		Specify shift hours:	
Check all employment statuses you will accept: Full-time Part-time Hourly/Wage Weekends			If Part-Time, specify:
Are you willing to accept employment which requires you to travel? No Yes, during the day only Yes, occasionally overnight Yes, frequently overnight Weekends			
Indicate the geographic locations in which you are willing to work. All Central Virginia Northern Virginia Hampton Roads Southwest Virginia Southside Virginia			
Are you willing to provide your own transportation if necessary for your employment?:		For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?:	
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 failed to do so. If you are/were required to register for the Selective Service, have you done so?		If no, state reason:	
For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active- duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?			
If yes, did you serve during the Vietnam Conflict 22861-3775?:	Are you a veteran who has been honorably discharged and has a service-connected disability rating fixed by the U.S. Veterans Affairs?:	When will you be available to start work?:	

### Educational Information

Indicate highest grade completed grade school and high school:	If you did not complete high school, do you have a high school equivalency diploma?:	Indicate number of years of post high school education:
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**Educational Institutions**

Name of College / University / Vocational School:		Credit/Hours:	Degree if applicable:
Major or Specialty if applicable:		Minor if applicable:	
Begin Date:		End Date leave blank if still attending:	

**Work Experience****References**

May we contact your present supervisor?:
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Name of Reference:	Address:	Phone Number:	E-mail Address:	Relationship:
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**Conviction Question**

<p>Have you ever been convicted* for any violation(s) of law, including moving traffic violations?          *Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged. A conviction does not automatically disqualify you from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.</p>
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**Criminal History**

Description of offense:			
Statute or ordinance if known :	Date of Charge:	Date of Conviction:	County, City, State of Conviction:

**Additional Information**

How did you hear about employment opportunities with the Commonwealth of Virginia?	
Newspaper (name)	Radio/TV (name)
VEC:	State RMS system
Agency Bulletin Board	Other (please specify)
Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:	
Automated word processing hardware software:	

**Licenses**

Type:	License Number:	Granted by licensing board:
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**Agreement**

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.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name	Applicant's Signature	Date
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Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

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 \_\_\_\_\_

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