

APPALACHIAN AGENCY FOR SENIOR CITIZENS

**P.O. Box 765
Cedar Bluff, VA 24609
(276) 964-4915**

**NOTICE TO APPLICANTS
AND EMPLOYEES:**

**Tests for alcohol and illegal drug use may
be required prior to and during
employment.**

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position Number _____

An Equal Opportunity Employer
Application for Employment

Send this application
directly to the agency.

Employees of the Appalachian agency for Senior Citizens and applicants for employment shall be afforded equal opportunity in all employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from aspects of completing this application, confidential assistance in filling out this application may be obtained by requesting assistance from the Personnel Department

1. Position applied for _____
(one per application)

2. Agency _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

3. Social Security No. _____

4. Full legal name _____
Last First Middle

6. Home Phone _____

5. Address _____
City State Zip

7. Business Phone _____

8. EDUCATION

- a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
- b. If you did not complete high school, do you have a high school equivalency diploma? ___ Yes ___ No Date Received _____
- c. Circle 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: _____

9. **EXPERIENCE**--Use *Supplementary Experience Form(s)* for additional space. 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** _____
Employer _____
Address _____

Duties: _____

_____ Phone _____

Type of business _____
Immediate supervisor _____

Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____
Dates (mo./yr.) _____ to (mo./yr.) _____
Full-time _____ Part-time _____ Hours/week _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

b. **Job Title** _____
Employer _____
Address _____

Duties: _____

_____ 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 _____

c. **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 _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing Speed _____ words per minute. Shorthand speed _____ words per minute.

f. Licenses (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

10. **REFERENCES**

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

Name	Address	Phone	Relationship

11. **MISCELLANEOUS**

- Are you a previous Agency employee just returning from active military duty and applying for re-employment under the Veteran's Re-Employment Rights Act? _____ Yes _____ No. If yes, attach copy of DD 214 to application.
- a. Check which shift you will accept: _____ Day _____ Evening _____ Night _____ Rotating _____ Weekends
Specify shift hours _____
- b. Check which job status you would accept: _____ Full-time _____ Part-time (specify) _____
- c. Check which employment status you would accept: _____ Salaried (benefits) _____ Hourly (No benefits) _____ Part-time salaried (leave benefits only)
- d. Are you willing to accept employment that requires you to travel? _____ No _____ Yes. If yes, ___ During the day only, _____ Occasionally overnight, _____ Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in our service region, write "all" _____
- f. 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.
- g. Are you willing to provide your own transportation if necessary for your employment? _____ Yes _____ No.
- h. For purposes of compliance with Section 2.1 - 112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): _____ World War I - 4/16/17-4/1/20; _____ World War II-12/7/41-12/31/46; _____ Korean Conflict - 6/27/50-1/31/55; _____ Vietnam Conflict - 8/5/64-3/7/75; _____ None of the dates shown, but I did serve in the military.
- i. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? _____ Yes _____ No. If yes, list all and explain _____

12. 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.

13. **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 to any employment in the service of the Appalachian Agency for Senior Citizens. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Agency 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, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date

Applicant Signature

Supplementary Experience Form

Social Security Number _____
Name _____

Position Applied For _____
Announcement Number _____

Job Title _____
Employer _____
Address _____

Duties: _____

_____ Phone _____

Type of business _____

Immediate supervisor _____
Title _____

Salary (start) _____ (finish) _____

Dates (mo./yr.) _____ to (mo./yr.) _____

Full-time _____ Part-time _____ Hours/week _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Job Title _____
Employer _____
Address _____

Duties: _____

_____ Phone _____

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Duties: _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

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) only one):
- Black (includes Jamaican, Bahamians and other Carribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth:

_____/_____/_____

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper* State RECRUIT system
- Radio/TV* Agency Bulletin Board
- VEC Other (please specify)

*specify name of newspaper or other media

Filename: Employment Application
Directory: J:\My Documents\WEB AASC
Template: C:\Documents and Settings\nhamilton\Application
Data\Microsoft\Templates\Normal.dotm
Title: DPT Form 10-012 (Rev
Subject:
Author: Valued Gateway 2000 Customer
Keywords:
Comments:
Creation Date: 6/18/2007 2:44:00 PM
Change Number: 5
Last Saved On: 6/19/2007 2:29:00 PM
Last Saved By: ejones
Total Editing Time: 10 Minutes
Last Printed On: 1/23/2009 11:50:00 AM
As of Last Complete Printing
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Number of Characters: 11,978 (approx.)