#

4500 Peek Trail

Chesapeake, VA 23321

(757) 375-1560

# Date: \_\_\_\_\_\_\_\_\_\_\_\_

### **General Information**

Name:

Social Security No. \_ Home Address:

Telephone: Email: Position Applied For: \_ Date Available: \_

FULLTIME\_\_ PARTIME \_\_TEMPORARY\_\_ PERMANENT \_\_

### **Education Information**

Major Studies Degree, Diploma, License or Certificate (list type and

date): \_

High School: \_ Vocation/Business/Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/university:

Graduate: \_

Other Special Knowledge, Skills Qualifications:

Have you lived outside of the state of Virginia within the last five years? If yes, please specify which state or states:

###  **Employment History**

List all employers, starting with the most recent position. All information must be completed. You may attach a resume with this information if desired.

###  **Most Recent Employer**

Is this your current employer? \_\_ NO \_\_ YES May we contact this employer for references? \_\_\_ NO \_\_\_ YES

Employed From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed To: \_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Name:

Employer Address:

 Supervisor's Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Duties and

Responsibilities:

Reason for

Leaving: \_

### **Next Most Recent Employer**

Employed From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employed To \_ Job Title:

Employer Name:

Employer Address:

Supervisor's Name:

Supervisor's Phone:. \_ Job Duties and

Responsibilities: \_

Reason for

Leaving: \_

###  **Next Most Recent Employer**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### Employed From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed To

### Job Title:

Employer Name:

Employer Address:

Supervisor's Name:

Supervisor's Phone:

 Job Duties and

Responsibilities: \_

 Reason for

Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Activities** (list organization, type of service, dates)

### **Hobbies, Interests** (optional)

### **Certification and Authorization**

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

I hereby acknowledge that I have read and agree to the above statements.

Signature:

**REFERENCE 1**

I

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO YOU/HOW LONG HAVE YOU KNOWN THIS REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only**

**DATE CONTACTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WOULD YOU RECOMMEND THIS PERSON FOR HIRE WITH CHILDREN WITH DISABILITIES/NOTES: \_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCE 2**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**REFERENCE 3**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**