



2. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

Supervisor's Title \_\_\_\_\_  
 Equipment Used \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

3. Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

Duties \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_

Supervisor's Title \_\_\_\_\_  
 Equipment Used \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

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.

\_\_\_\_\_

Are you proficient in the use of computers?    Yes            No            Somewhat

**LICENSE**

Certificates or other authorizations to practice a trade or profession, including driver's license.

Type	License Number	Granted By (Name of Licensing Board)

**REFERENCES**

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

Name	Address	Telephone Number	Relationship

**MISCELLANEOUS**

Circle which job status you will accept:            Full-time    Part-time (specify time available) \_\_\_\_\_

Are you willing to accept employment which requires you to travel?            Yes    No

If yes:        \_\_\_\_\_ during the day only        \_\_\_\_\_ occasionally overnight        \_\_\_\_\_ frequently overnight

Are you willing to provide your own transportation if necessary for your employment?            Yes    No

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.

Have you ever been convicted\* for any violation(s) of law, including moving traffic violations. Yes No

If yes, please provide the following information concerning the offense:

Statute or Ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

County, City and State of Conviction: \_\_\_\_\_

(For additional convictions use space below. Include all information listed above.)

*\*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.*

When will you be available to start work? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

**CERTIFICATION** (each application requires current date and original signature)

I hereby certify that all entries on all pages 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 CVACL, Inc. 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 CVACL, Inc. to rely upon and use, as it sees fit, any information received from such contacts.

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

Applicant's Signature: \_\_\_\_\_

# SUPPLEMENTARY EXPERIENCE FORM

Name: \_\_\_\_\_

Position Applied: \_\_\_\_\_

**Job Title** \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

**Job Title** \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

**Job Title** \_\_\_\_\_

Duties \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

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

## APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Central Virginia Alliance for Community Living, Inc., I authorize all past employers, immediate supervisors and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Please release or verify the items indicated:

**Yes No**

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All information requested

### Past Employers:


Salary History

Dates of Employment

Positions Held

Responsibilities and Duties Performed

Reasons for Leaving

Eligibility for Rehire

Attendance Record for Last Year of Employment

### Educational Institutions:


Years of Attendance

Degree Obtained

Transcript

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Signature

---

Date

---

Name (please print)

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Social Security #

## EEO DATA - APPLICANT

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to federal regulations, CVACL collects 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 or disability. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

Check the block for the racial ethnic group with which you identify:

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the races above, excluding Hispanic or Latino.

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
- 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:

- Male
- Female

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

### FOR OFFICE USE ONLY

EEO Category: \_\_\_\_\_