

ALLEGHANY HIGHLANDS COMMUNITY SERVICES

RETURN TO:

(AHCS)

205 E. Hawthorne St.
Covington, Va 24426

Please print in ink or use typewriter

Number of Attachments _____ An Equal Opportunity Employer

Employees of AHCS and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, gender or age.

1. Position applied for _____ 3. Home Phone _____

2. Social Security # _____ 4. Business Phone _____

(Note: Completion of number two 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.)

5. Full Legal Name _____
First Middle Initial Last

6. Address _____
Street/P.O. Box City State Zip Code

7. Education
a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
b. If you did not complete high school, do you have a high school equivalency diploma? Yes _____ No _____
c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Degree Rec'd. or Cr. Hrs.	Major or Speciality	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:

8. EXPERIENCE – Starting with the most recent, describe your last three jobs. Highlight your knowledge, skills and abilities which best demonstrates 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 _____ + Duties _____
Employer _____
Address _____
Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ (ending) _____
Dates (mo/yr) _____ to _____
Full-time _____ Part-time _____ Hrs./wk. _____
Number of employees you supervised, if any _____
Reason for leaving _____
Your name if different from present _____

b. Job Title _____ Duties _____
Employer _____
Address _____
Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ (ending) _____
Dates (mo/yr) _____ to _____
Full-time _____ Part-time _____ Hrs./wk. _____
Number of employees you supervised, if any _____
Reason for leaving _____
Your name if different from present _____

c. Job Title _____ Duties _____
Employer _____
Address _____
Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ (ending) _____
Dates (mo/yr) _____ to _____
Full-time _____ Part-time _____ Hrs./wk. _____
Number of employees you supervised, if any _____
Reason for leaving _____
Your name if different from present _____

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

e. For secretarial/clerical candidates: Automated word processing (specific equipment) _____

Keyboard speed _____ words per minute Other computer skills _____

f. License (to include drivers), certificate or other authorization to practice a trade or profession.

Type	License#	Expiration Date	Granted by (licensing board)
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10. REFERENCES

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

NAME	<u>Complete Address*</u>	Relationship

*failure to provide adequate address may hinder your employment

11. MISCELLANEOUS

a. 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 certificate 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.

b. Are you willing to provide your own transportation if necessary to your employment? Yes _____ No _____

c. 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 - 4-16-16 – 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 – 3-7-76; ___ None of the dates shown, but I did serve in the military.

d. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday that 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 employment with AHCS. I understand that all information on this application is subject to verification and I consent to references and former employee and educational institutions listed being contacted regarding this application. I further authorize AHCS 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 system on a need to know basis for good cause shown as determined by the agency head or designee.

Applicants Signature _____

Signature _____

To meet the requirements of federal regulations, we need to collect information on the questions below for recordkeeping purposes. This information will NOT be used for making employment decisions and will NOT be kept with your application for employment. This sheet will be processed separately and will not become part of your personnel file if employed.

Check the appropriate blocks: Check the block for the racial or ethnic group with which you identify.

- Female
- Male
- Disabled
- White (includes Arabian)
- Black (includes Jamaican, Bahamian & other Carribean or 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 only one)

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school grad 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

Position Applied for _____

How did you find out about this employment opportunity?

- Newspaper (specify below)
- Agency bulletin board
- VEC
- Other (please specify)

Specify name of newspaper or other media

Have you any physical or mental conditions that limit your performance in the position(s) you are seeking that you may wish to disclose at this time so as to gain coverage under the Rehabilitation Act of 1973, Section 504 – The Americans with Disabilities Act? YOUR RESPONSE TO THIS QUESTION IS ENTIRELY VOLUNTARY AND IS INTENDED TO AFFORD YOU AS MUCH PROTECTION AS POSSIBLE.

Signed _____

Date _____ -