|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **APPLICATION FOR EMPLOYMENT** |

 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | 8775 Mount Olive Avenue |
|  |  |  |  |  |  |  | Glen Allen, VA 23060 |
|  |  |  |  |  |  |  | Office (804) 262-9614 |
|  |  |  |  |  |  |  | Fax (804) 262-2397 |
|

|  |
| --- |
|  |

 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|   |   |   | **(PLEASE PRINT)** |   |   |   |
| **Position(s) Applied For** |  |  |  | **Date of Application** |
|  |  |
| **How Did You Learn About Us?** |   |   |   |   |   |
| Advertisement |   | Relative |   | Inquiry  |
| Employment Agency |   | Friend |   | Other |
|  |  |  |  |  |  |  |  |  |  |
| **Last Name** |  | **First Name** |  |  | **Middle Name** |  |
|   |
| Address |  |  |  | City |  | State |  | Zip |  |
|   |
| Telephone Number(s) | Social Security Number(Voluntary) |
|   |   |
| 1. Best time to contact you at home is ….............................. | \_\_\_\_:\_\_\_\_\_\_AM/PM |  |  |
| 2. If you are under 18 years of age, can you provide required |  |  |  |  |
| proof of your eligibility of work?..................................................... Yes \_\_\_\_  | No \_\_\_\_ |  |  |
| 3. Have you ever filed an application with us before?......................Yes \_\_\_\_ | No \_\_\_\_ |  |  |
| ….......................................................................... | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 4. Have you ever been employed with us before?............................Yes \_\_\_\_ | No \_\_\_\_ |  |  |
| ….......................................................................... | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 5. Do any of your friends or relatives, other than spouse, work here? | Yes \_\_\_\_ | No \_\_\_\_ |  |
| 6. Are you currently employed? |  |  |  | Yes \_\_\_\_ | No \_\_\_\_ |  |
| 7. May we contact your present employer? |  |  | Yes \_\_\_\_ | No \_\_\_\_ |  |
| 8. Are you prevented from lawfully becoming employed in this |  |  |  |
| country because of Visa or Immigration Status |  |  |  |  |  |
| Proof of citizenship or immigration status will be required upon employment: Yes \_\_\_ No \_\_\_ |   |  |
| 9. Date available for work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | What is your desired salary range? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. Are you available to work:  | \_\_\_ Full Time (please indicate 1 2 3 shift) |  |  |  |
|  |  |  | \_\_\_ Part Time (please indicate Mornings Afternoon Evenings) |  |
|  |  |  | \_\_\_ Temporary (Please indicate dates available \_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_) |
| 11. Are you currently on lay-off status and subject to recall?...................Yes\_\_\_ | No\_\_\_ |  |
| 12. Can you travel if a job requires it? ….................................................. Yes\_\_\_ | No\_\_\_ |  |
| **EDUCATION** |  |  |  |  |  |
|   | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|
|
| Elementary School |   |   |   |   |
|
|
| High School |   |   |   |   |
|
|
| Undergraduate College |   |   |   |   |
|
|
| Graduate Professional |   |   |   |   |
|
|
| Other( Specify) |   |   |   |   |
|
|
| **Describe any specialized training apprenticeship, skills and other curricular activities** |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **Describe any job related training received in the United States military.** |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **EMPLOYMENT EXPERIENCE** |  |  |  |  |  |
| Start with your present or last job. Include any job-related military service assignments and volunteer  |
| activities. You may exclude organizations which indicate race, color, religion, gender, national origin,  |
| disabilities or other protected status. |   |   |   |   |   |   |
|  |  |  |  | **Dates Employed** | **Work Performed** |
| **1. Employer** |  |  | **From** | **To** |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| **Address** |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Telephone Number(s)** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Job Title** |  |  | **Supervisor** |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Reason for Leaving** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
|  |  |  |  | **Dates Employed** | **Work Performed** |
| **2. Employer** |  |  | **From** | **To** |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| **Address** |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Telephone Number(s)** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Job Title** |  |  | **Supervisor** |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Reason for Leaving** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
|  |  |  |  | **Dates Employed** | **Work Performed** |
| **3. Employer** |  |  | **From** | **To** |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| **Address** |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Telephone Number(s)** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Job Title** |  |  | **Supervisor** |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Reason for Leaving** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
|  |  |  |  | **Dates Employed** | **Work Performed** |
| **4. Employer** |  |  | **From** | **To** |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| **Address** |  |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Telephone Number(s)** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Job Title** |  |  | **Supervisor** |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| **Reason for Leaving** |  |  |  |  |  |  |  |  |
|   |   |   |   |  |  |   |   |   |   |
| List professional, trade, business or civic activities and offices held. |  |  |  |
| *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability* |
| *or other protected status.* |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| **ADDITIONAL INFORMATION** |  |  |  |  |  |  |
| Other Qualifications |  |  |  |  |  |  |  |
| Summarize special job-related skills and qualifications acquired from employment or other experience. |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED) |  |  |
|   | Terminal |  |   | Spreadsheet |  |   | Production/Mobile |
|   | PC/MAC |  |   | Word Processing |  |  | Machinery(list) |
|   | Typewriter |   | Shorthand |  |  |   |   |
|   | WPM |  |   | WPM |  |  |  |   |   |
|  |  |  |  |  |  |  |  |   |   |
|  |  |  |  |  |  |  |   | Other |  |
|  |  |  |  |  |  |  |  |   |   |
|  |  |  |  |  |  |  |  |   |   |
|  |  |  |  |  |  |  |  |   |   |
| **State any additional information you feel may be helpful to us in considering your application.** |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| Can you perform the essential functions of the job for which you are applying, either with or without a |
| reasonable accommodation? | YES |   | NO |   |  |  |  |
| **REFERENCES** |  |  |  |  |  |  |  |  |
| 1 |   |   |   |  |   |   |   |   |  |
| (Name) |  | Phone# |  |
|   |  |
| Address |  |
| 2 |   |   |   |  |   |   |   |   |  |
| (Name) |  | Phone# |  |
|   |  |
| Address |  |
| 1 |   |   |   |  |   |   |   |   |  |
| (Name) |  | Phone# |  |
|   |  |
| Address |  |
| **APPLICANT'S STATEMENT** |  |  |  |  |  |  |
| I certify that answers given herein are true and complete. |  |  |  |  |
| I authorize investigation of all statements contained in this application for employment as may be |
| necessary in arriving at an employment decision. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| This application for employment shall be considered active for a period of time not to exceed 45 |
| days. Any applicant wishing to be considered for employment beyond this time period should  |
| inquire as to whether or not applications are being accepted at that time. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| I hereby understand and acknowledge that, unless otherwise defined by applicable law, any  |  |
| employment relationship with this organization is of an "at will" nature, which means that the |
| Employee may resign at any time and the Employer may discharge Employee at any time with or |
| without cause. It Is further understood that this "at will" employment relationship may not be |
| changed by any written document or by conduct unless such change is specifically acknowledged |
| in writing by an authorized executive of this organization. |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| In the event of employment, I understand that false or misleading information given in my |  |
| application or interview(s) may result in discharge. I understand, also, that I am required to  |  |
| abide by all rules and regulations of the employer. |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |  |   |   |   |
| Signature of Applicant |  |  | Date |  |
|   |   |   |   |   |   |   |   |   |   |
| FOR PERSONNEL DEPARTMENT USE ONLY |
|  |  |  |  |  |  |  |  |  |  |
| Arrange Interview  | \_\_\_\_ | Yes |  | \_\_\_\_ NO |  |  |  |  |
| Remarks: |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |
| Employed | \_\_\_\_ | Yes |   | \_\_\_\_ NO |  |  |  |  |
| Date of Employment |   |   |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Job Title |   |   |   | Hourly Rate Salary |   |   |  |  |
| Department |   |   |   |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| By |   |   |   |   |   |  |   |   |  |
|  |  | Name and Title |  |  | Date |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Mt Olive Baptist Church |  |  |  |  |  |  |  |
| Employment Application |  |  |  |  |  |  |  |
| Addendum |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| I understand that all information on this application is subject to verification and I |  |  |
| consent to a criminal history background check. I also consent to references, |  |  |
| former employers and educational institutions listed being contacted regarding this |  |
| application. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| "Have you ever been convicted for any violations(s) of law, including moving traffic |  |
| violations.": Yes \_\_\_\_\_ | No |   | If Yes, please provide the following: |  |
| Description of offense:  |   |   |   |   |   |  |  |
| Statute or ordinance (if known): |  |  |  |  |  |  |
| Date of Charge: |   |   |   | Date of Conviction: |   |   |   |
| County, City, State of Conviction:  |   |   |   |   |   |  |
| Are you bonded? |   |   |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |
| **NAME** |  | **DATE** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **FOR PERSONNEL DEPARTMENT USE ONLY** |
|  |  |  |  |  |  |  |  |  |  |
| Position(s) Applied For Is Open: | Yes\_\_\_\_\_ | No\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Positions(s) Considered For: |  |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Date |   |   |   |   |