

BOYS HOME of VIRGINIA
414 BOYS' HOME ROAD
COVINGTON, VA 24426
(540) 965-7700
APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First	Middle
Street Address		
City, State, Zip	()	Home Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____		
Position Desired		Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____		
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When will you be available to begin work? _____		
Special training, skills, and/ or experience working with children: _____ _____		
How did you learn of our organization? _____ _____		

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				_Yes _No	
High				_Yes _No	
Elementary				_Yes _No	
Other				_Yes _No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**(Exclude those which may disclose your race, color, religion or national origin)**

EMPLOYMENT**(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)**

# 1 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

# 2 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

# 3 Company Name	Telephone ()
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number (s)___ Reason
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REFERENCES

(List names and addresses of three persons who have known you for at least three years, and who ARE NOT former employers or relatives)

NAME: ADDRESS:	PHONE:
NAME: ADDRESS:	PHONE:
NAME: ADDRESS:	PHONE:

MILITARY

(Complete This Section If You Served In The U.S. Armed Forces)

Describe your duties and any special training	Branch of Service
	Period of Active Duty (Month & Year) From To
	Rank at Discharge
	Date of Final Discharge

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

What was your previous address?
Are you over 18 years of age? ___ Yes ___ No - PLEASE NOTE: MUST BE 21 YEARS OF AGE OR OLDER TO WORK AS A HOUSEPARENT If not, employment is subject to verification of minimum legal age.
State names of relatives and friends working for us other than your spouse.

AUTHORIZATION STATEMENT

BOYS HOME of VIRGINIA has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the employer and any agent acting on its behalf to conduct any inquiry into any job related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts.

Moreover, I hereby release the employer and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes (We may be unable to hire you without this information)

No

I declare that any statement in this application or information provided is true and complete, and hereby acknowledge that I have read and understand the information above.

(Signature) _____ (Date)

**FOR EMPLOYER'S USE ONLY
Reference Check**

Employer	Person Contacted	Results
1		
2		
3		