

Number of attachments: _____

Harrisonburg-Rockingham Community Services Board
1241 North Main Street, Harrisonburg, VA 22802
Telephone 540-434-1941

An Equal Opportunity Employer and Drug-Free Workplace



Application for Employment

Employees of the Community Services Board and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, gender, pregnancy, child birth or related medical conditions, age, marital status or disability.

Please print in black ink or type.

1. Position applied for: _____ 2. Position number: _____

(NOTE: Completion of number 3 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.)

3. Social Security No.: _____

4. Full legal name: _____
Last First Middle

5. Address: _____
Number and Street City State Zip Code

6. Home Phone: _____ Personal Email: _____ Business Phone: _____

7. EDUCATION

- a. Check 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 Date Received _____
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hours	Degree Received	Major or Specialty	Minor	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**—Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills, and abilities that best demonstrate 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: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____

Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for leaving: _____

Your name if different from present: _____

b. Job Title: _____ Full-Time Part-Time Hours/week _____
Employer: _____
Address: _____ Phone: _____

Type of business: _____
Immediate supervisor: _____
Dates(mo/yr) _____ to(mo/yr) _____
Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

c. Job Title: _____ Full-Time Part-Time Hours/week _____
Employer: _____
Address: _____ Phone: _____

Type of business: _____
Immediate supervisor: _____
Dates(mo/yr) _____ to(mo/yr) _____
Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

d. Job Title: _____ Full-Time Part-Time Hours/week _____
Employer: _____
Address: _____ Phone: _____

Type of business: _____
Immediate supervisor: _____
Dates(mo/yr) _____ to(mo/yr) _____
Duties: _____

Number and titles of employees you supervised: _____
Equipment used: _____
Reason for leaving: _____
Your name if different from present: _____

e. Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____

Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for leaving: _____

Your name if different from present: _____

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

g. Word processing software used: _____

h. License (to include driver's), certificate, or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

Note: If you hold any current professional license (such as Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Clinical Psychologist, etc.), please furnish a list of all managed care insurance companies with which you are credentialed and your assigned provider numbers for each. Return this information with your application form.

i. Are you in the process of preparing for any professional licensure or certification in Virginia? _____

If so, please specify type and expected completion date. _____

9. **REFERENCES**

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

Name	Address	Phone	Relationship

10. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you would accept: Salaried (benefits) Hourly (No benefits) Part-time
- d. Are you willing to accept employment that requires you to travel? No Yes.
If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. 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.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No.

11. 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: _____

12. **BACKGROUND INFORMATION**

- a. Are you presently or have you ever been on the *list of excluded individuals* for the provision of services reimbursable by Medicare Medicaid, or other Federal healthcare programs? Yes No. The List of Excluded Individuals and Entities is maintained by the U.S. Department of Health and Human Services' Office of Inspector General (HHS-OIG).
- b. Are you presently the subject of any *investigations* including investigations conducted by the Department of Social Services for the following offenses: murder, abduction of children for immoral purposes, sexual assault, pandering, crimes against nature involving children, taking indecent liberties with children, abuse or neglect of children including failure to secure medical attention for an injured child, obscenity offenses, abuse or neglect of incapacitated adults within the Commonwealth, or any equivalent offense outside the Commonwealth? Yes No. If yes, list all and explain: _____

- c. If licensed, have you been subject to any disciplinary action by any professional licensing board? Yes No
Or are you presently the subject of any investigations by any professional licensing board? Yes No
If yes to either, please explain: _____

13. **AUTHORIZATION FOR RELEASE OF INFORMATION**

Your signature below authorizes the release of the following information to this agency during a pre-employment inquiry.

- a. Driving Record (if driving is a job requirement)
- b. Criminal History Record including fingerprint analysis
- c. Child Abuse and Neglect Central Registry Search
- d. List of Excluded Individuals and Entities

14. **CERTIFICATION**—*Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on all 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 any employment in the service of the Community Services Board. I understand that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application. I further authorize the Board 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, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by this agency head or designee.

Date _____

Applicant Signature _____

Supplementary Experience Form

Attachment Number _____

Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____

Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for leaving: _____

Your name if different from present: _____

Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____

Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

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Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____

Phone: _____

Type of business: _____

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Duties: _____

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Employer: _____
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Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for leaving: _____

Your name if different from present: _____

Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____ Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

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Your name if different from present: _____

Job Title: _____ Full-Time Part-Time Hours/week _____

Employer: _____

Address: _____ Phone: _____

Type of business: _____

Immediate supervisor: _____

Dates(mo/yr) _____ to(mo/yr) _____

Duties: _____

Number and titles of employees you supervised: _____

Equipment used: _____

Reason for leaving: _____

Your name if different from present: _____

Pursuant to federal regulations, we collect 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, religion, or disability.

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

- White (includes persons of Europe, North Africa, or the Middle East origin.)
- Black (includes any of the Black racial groups of Africa but not Hispanic origin)
- Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture regardless of race)
- Asian & Asian American (includes Far East, Southeast Asia, Indian Subcontinent or Pacific Islands)
- American Indian or Alaskan Native

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:

- Female
- Male

Please indicate your date of birth: ___/___/___

FOR OFFICE USE ONLY

EEO Category: _____

Position applied for: _____

Position number: _____

How did you find out about this employment opportunity?

- Newspaper (name) _____
- Radio/TV (name) _____
- VEC
- Agency Website
- Other (please specify) _____