P.O. Box 817, Waynesboro, VA 22980 Phone: (540) 949-7141, Fax: (540) 949-7143

Application for Employment

Valley Program for Aging Services (VPAS) is an Equal Opportunity Employer. We recruit, hire, train, promote, and compensate individuals based strictly on job qualifications, merit, and professional competence.

- **Non-Discrimination:** All personnel decisions are made without regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, veteran status, genetic information, or any other characteristic(s) protected by federal, state, or local law.
- **Reasonable Accommodations:** We are committed to providing equal access to our application process. If you have a disability and need a confidential accommodation or assistance to complete this application, please contact us at 540-949-7141.

Please print.

1. APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City/State/Zip: _____

Home/Cell Phone: _____

Email Address: _____

2. POSITION APPLIED FOR: _____

3. If offered employment, when would you be available to begin work? _____

4. Are you legally authorized to work in the United States? ☐ Yes ☐ No

NOTE: Proof of eligibility will be required within three working days of employment.

5. Have you ever been convicted of a criminal offense?
Do not disclose any arrest, charge, or conviction that has been sealed under Virginia law.
☐ Yes ☐ No

A conviction will not automatically disqualify you from employment. Employment decisions will be made in accordance with applicable federal and Virginia law, including Virginia barrier crime requirements where applicable, the nature and gravity of the offense, the time that has passed since the conviction, and the relationship of the conviction to the position sought.

If the position requires driving, have you been convicted of any traffic offense that would affect your ability to legally operate a motor vehicle? ☐ Yes ☐ No

6. EDUCATION AND TRAINING

College/University Name: _____

Years Completed: _____ Major or Specialty: _____

Did you receive a degree? ☐ Yes ☐ No

High School/GED Name: _____

Did you receive a diploma? ☐ Yes ☐ No

Other Training (graduate, technical, vocational):

_____

Awards, Honors, Special Achievements:

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7. WORK EXPERIENCE

Starting with your current or most recent, describe paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

Job Title: _____

Employer Name: _____

Employment Dates (Month/Year – Month/Year): _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

_____

Reason for Leaving: _____

Job Title: _____

Employer Name: _____

Employment Dates (Month/Year – Month/Year): _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

_____

Reason for Leaving: _____

Job Title: _____

Employer Name: _____

Employment Dates (Month/Year – Month/Year): _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

_____

Reason for Leaving: _____

8. PROFESSIONAL REFERENCES

Please list three (3) professional references who can verify your work ethic, qualifications, and performance history. Do not list family members, relatives, or personal friends. At least two references must be former or current supervisors or managers.

☐ **Check here** if we may contact your current employer/supervisor .

Reference 1 (Must be a Supervisor/Manager)

Full Name: _____

Job Title / Professional Relationship: _____

Company / Organization Name: _____

Phone Number: _____

Email Address: _____

Years Known / Associated: _____

Reference 2 (Must be a Supervisor/Manager)

Full Name: _____

Job Title / Professional Relationship: _____

Company / Organization Name: _____

Phone Number: _____

Email Address: _____

Years Known / Associated: _____

Reference 3

Full Name: _____

Job Title / Professional Relationship: _____

Company / Organization Name: _____

Phone Number: _____

Email Address: _____

Years Known / Associated: _____

APPLICANT'S STATEMENT

Please read the statements below carefully before signing your application:

- I certify that all information provided in this application and interview process is true and complete to the best of my knowledge.
- I understand that providing false or misleading information may result in a refusal to hire or immediate discharge from VPAS.
- I authorize VPAS to verify all information on this form and conduct required pre-employment screenings, including criminal background checks. Department of Motor Vehicle record checks, and reference checks.
- I understand that employment with VPAS is "at-will". This means either party can end the employment relationship at any time, for any reason.

Applicant Signature: _____ **Date:** _____