

# **Virginia Support Group, LLC**

www.virginiagroup.org

## **APPLICATION FOR EMPLOYMENT**

**Position\*:** \_\_\_\_\_

- Part Time  
 Full Time

### **PERSONAL INFORMATION**

Last Name:	First Name:	Middle Name:	Date of Birth (DOB):		
Address:	Number/Street	City	State	Zip Code	
Telephone Number(s):	Home	Social Security Number (voluntary)			

Dates Available: \_\_\_\_\_ Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

U. S. Citizen or lawful authorized Alien Worker (Documentation required):  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

(NOTE: Will not necessarily exclude you from consideration. However, many of our jobs do require a security clearance.)

Do you have any active or closed records of molestation and sexual abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been employed by this company?  Yes  No

If yes, Dates from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

### **EDUCATION**

Schools Attended	Name & Location	Years Completed	Did You Graduate?	Degree/ Major
High School				
Undergraduate College				
Graduate/ Professional				
Trade/Business or Correspondence				

If you did not complete High School, do you have a High School Equivalency Diploma (GED)?  Yes  No

Special Training Programs, Certifications (First Aid/CPR, Medication, TOVA), etc.,

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How did you find out about this employment opportunity?

Personnel Office  Virginia Employment Commission  
 Newspaper Advertisement  Friend/Relative  
 Other \_\_\_\_\_  
 Current Employee \_\_\_\_\_

(Please identify so we may thank them)

**EMPLOYMENT HISTORY/WORK EXPERIENCE**

Employer (Most Recent First)	Date Month/Year	Job Title & Responsibilities	Pay Rate	Reason For Leaving
Name: Address: Telephone #:	From:  To: Present			
Name: Address: Telephone #:	From:  To:			
Name: Address: Telephone #:	From:  To:			
Name: Address: Telephone #:	From:  To:			

If more space is needed, please attach additional page(s).

List any additional skills you posses (word processing, spreadsheet, shorthand, sign language, foreign language, computer skills, typing wpm \_\_\_\_\_etc):

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List any professional, trade, and/or business associations (excluding those which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

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Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

May we contact your previous employer(s)?  Yes  No

**WORK RELATED REFERENCES:**

List three (3) work related references:

Name / Relationship	Phone Number	Occupation	Years Acquainted
1.			
2.			
3.			

If no paid employment history, please list volunteer or school related references.

Urinalysis Testing

I understand Virginia Support Group, LLC is a Drug Free Work Place. Prior to acceptance by Virginia Support Group, LLC of an applicant for any position, the applicant shall submit to a urinalysis test to determine the recent consumption of five recognized drug types (Marijuana, Cocaine, Opiates, Amphetamines and Phencyclidine/PCP). These drugs have been selected by the United States Department of Health & Human Services for workplace testing, and the Department of Transportation currently requires drivers of commercial vehicles to be tested for these drugs to insure safety on the nation’s highways.

Criminal Background Checks

I understand that employment in any direct consumer care position requires that I must submit to fingerprinting and provide personal descriptive information to be forwarded through the Central Criminal Records Exchange to the Federal Bureau of Investigation (FBI) for the purpose of obtaining national criminal history record information. My continued employment is contingent upon the outcome of this background check.

Accuracy of Application

The information on this application is complete and correct to the best of my knowledge. I understand this information is verification as necessary for the purposes of rendering and employment decision. I understand that, if employed, falsified statements on this application may be grounds for forfeiture of any consideration of employment, continued employment, or promotion.

Employment At-Will

I understand that any employment relationship with Virginia Support Group, LLC is “at will” in that I may resign at any time and that Virginia Support Group, LLC may terminate my employment at any time with or without cause.



Work Site: \_\_\_\_\_

Schedule: (Days and Hours) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date Employment Offered: \_\_\_\_\_

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Salary/Hourly Rate: \_\_\_\_\_

HR Personnel: \_\_\_\_\_