



205 E. Hawthorne St., Covington, VA 24426

Phone: (540) 965-2135

Fax: (540) 965-6371

Website: www.ahcsb.org

EOE

Application for Employment

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job functions, please make that fact known to the individual processing your application.

1. Position applied for: _____ Date: _____
(One position per application)

2. Full legal name: _____
(Print First Name) (MI) (Last Name)

Other names you have used or currently use & dates used: _____

3. Address: _____

(City) (State) (Zip)

4. Phone: _____
(Home) (Cell)

5. Email Address: _____

3. Type of employment you will accept: ___ Full Time ___ Part Time ___ On-Call ___ Temporary

Check shifts you will accept: ___ Day ___ Evening ___ Overnight ___ Rotating ___ Other: _____

Are there any shifts you will not be able to work? _____

Employment with AHCS includes weekends and holidays

When are you available to start work? _____

4. Have you ever worked for AHCS before? ___ No ___ Yes

Have you ever applied before? ___ No ___ Yes

If yes, please state position and when: _____

5. Name and relationship of relatives employed by AHCS (if applicable): _____

6. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ No ___ Yes

Under the Immigration Reform and Control Act of 1986, you will be required to fill out certification verifying that you are eligible to be employer and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

7. Have you ever been convicted of a felony; a misdemeanor involving lying, cheating or stealing; or a misdemeanor involving moral turpitude that has not judicially ordered expunged, sealed, dismissed, or statutorily eradicated?

___ No ___ Yes (a conviction does not automatically eliminate you from employment consideration)

If yes please provide the following:

Status/Ordinance	Date of Charge	Date of Conviction	Sentence/Penalty	County, City, State of Conviction

For additional convictions please use a plain white sheet of paper

8. Have you been convicted of any moving traffic violations in the last 3 years or had your license suspended or revoked in the last 5 years? ___ No ___ Yes (a conviction does not automatically eliminate you from employment consideration)

If yes please provide the following:

Status/Ordinance	Date of Charge	Date of Conviction	Sentence/Penalty	County, City, State of Conviction

9. Have you ever served in the Armed Forces of the United States? ___ No ___ Yes

10. Education Background:

	Name and Location of School/Institution	Number of years completed	Major	Minor	Degree	Did you graduate?
High School						If no do you have a GED?
College						
College						
Graduate School						
Other						

11.

License, Certificate, Vocational/Technical Training	Issued By	Date Issued	License Number	Expiration Date

12. Do you expect to complete an educational program or license in the near future? ___No ___Yes

If yes please detail: _____

13.

Membership in Professional or Technical Associations	Member Since	Expiration Date

14. Experience: Please list your last four (4) places of employment, beginning with your most recent employer. Please include paid, military and applicable voluntary experiences. If you wish to describe more than four (4) please attach a resume. Highlight your knowledge, skills, and abilities with best demonstrate your qualification for this position. You may list significantly different jobs within the same organization as separate items. Please explain on a separate sheet of paper any gaps in your employment history. Please do not write "see attached" for employment details on this form.

May we contact your current employer? ___No ___Yes

If no please explain: _____

If selected for employment when can you begin work: _____

Employer:		Summarize the work performed and job duties:
Address:		
Job Title:		
Immediate Supervisor Name and Title:		
Phone Number:	Include area code	
Email Address:		
Dates of Employment:	From: To:	
Salary:	Start: \$ End: \$	
Hours per week:		
Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Contract <input type="checkbox"/> Temp	
Reason for leaving (be specific):		

Employer:		Summarize the work performed and job duties:
Address:		
Job Title:		

Immediate Supervisor Name and Title:		
Phone Number:	Include area code	
Email Address:		
Dates of Employment:	From: To:	
Salary:	Start: \$ End: \$	
Hours per week:		
Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Contract <input type="checkbox"/> Temp	
Reason for leaving (be specific):		

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Address:		
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Phone Number:	Include area code	
Email Address:		
Dates of Employment:	From: To:	
Salary:	Start: \$ End: \$	
Hours per week:		
Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Contract <input type="checkbox"/> Temp	
Reason for leaving (be specific):		

Employer:		Summarize the work performed and job duties:
Address:		
Job Title:		
Immediate Supervisor Name and Title:		
Phone Number:	Include area code	
Email Address:		
Dates of Employment:	From: To:	
Salary:	Start: \$ End: \$	
Hours per week:		
Status	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Contract <input type="checkbox"/> Temp	
Reason for leaving (be specific):		

15. References: List 3 professional references not related to you who know your qualifications. Please ensure each reference is aware AHCS may be contacting them. Please do not duplicate supervisors listed in question 14.

Name	Relationship	Primary Phone Number Include area code	Secondary Phone Number Include area code	Address	Email Address

Employment is conditioned on the successful completion of the screening process. By signing this application, you represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others and used for any other purpose not prohibited by law.

I UNDERSTAND that this application will only be considered “active” for 30 calendar days from the date of application. If I have not obtained employment with AHCS within 30 days, but remain interested in obtaining employment with AHCS, I understand that I must complete a new application.

I AFFIRM that all entries on this application and attachments are true and complete, and I agree and understand that any falsification or incomplete of information herein, regardless of the time of discovery, may cause forfeiture on my part to any employment at Alleghany Highlands Community Services (AHCS).

I ALSO UNDERSTAND in connection with my employment application with Alleghany Highlands Community Services (“AHCS”), and if I am hired thereafter at any time during my employment with AHCS, I understand that investigative background inquiries may be made on me including consumer, criminal, driving and other reports concerning my character and suitability for employment. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that AHCS may be requesting information from various federal, state, and other agencies which maintain records concerning my activities relating to my driving, credit, criminal, civil, and other experiences. I acknowledge that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Such a request must be made in writing to the Human Resource Department within a reasonable time after the completion of this application.

I UNDERSTAND that, as a condition of my employment, I will be required to submit to, and do voluntarily agree to submit to, a drug and alcohol screen, criminal history background check, driving record check and any procedure to assess my qualifications for employment.

IF EMPLOYMENT is offered and accepted, I understand that I will be required to submit to fingerprinting and to 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. I further understand that I will be required to give written consent and personal information necessary for AHCS to obtain a search of the registry of founded complaints of child abuse and neglect that is maintained by the Department of Social Services.

IF EMPLOYED, I agree to conform to all rules and regulations of AHCS. I understand that such employment shall continue only so long as AHCS and I agree, and that either AHCSB or I may terminate my employment at any time with or without cause. I further understand that no AHCS supervisor or manager has any authority to enter into an agreement for employment, oral or written, or to make any agreement contrary to the foregoing unless such agreement is signed by the Executive Director and me.

IF EMPLOYED, I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact AHCS Human Resources Representative immediately to obtain assistance in the resolution of such matters.

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

Applicant Signature: _____

Date: _____

Referral Source:

- Visit to AHCS
- Job Fair - Please specify: _____
- AHCS Website
- Internet - Please specify site: _____
- Employee of AHCS - Name: _____

- Referral from a staffing agency, organization, or group. Please specify: _____
- Newspaper– Please specify: _____
- School- Please specify: _____
- Virginia Employment Agency
- Other – Please specify: _____

All applications must be delivered, faxed or mailed: 205 E Hawthorne Street, Covington, VA 24426, Fax: (540) 965-6371