

EMPLOYMENT APPLICATION

Applicant's Name:	
Applicant's DOB:	
Applicant's SS#:	
Address Line 1:	
Address Line 2:	

Cell Phone:	
Work Phone:	
Home Phone:	
Emergency Contact:	
Contact Number:	

Employment History

Employed By:	
Beginning Date:	
Ending Date:	
Address Line 1:	
Address Line 2:	

Supervisor's Name:	
Contact Email:	
Contact Number:	
Reason for Leaving:	

Employed By:	
Beginning Date:	
Ending Date:	
Address Line 1:	
Address Line 2:	

Supervisor's Name:	
Contact Email:	
Contact Number:	
Reason for Leaving:	

Employed By:	
Beginning Date:	
Ending Date:	
Address Line 1:	
Address Line 2:	

Supervisor's Name:	
Contact Email:	
Contact Number:	
Reason for Leaving:	

Employed By:	
Beginning Date:	
Ending Date:	
Address Line 1:	
Address Line 2:	

Supervisor's Name:	
Contact Email:	
Contact Number:	
Reason for Leaving:	

Education

Type of School:	Name of School:	Grade Completed:	Degree or Certificate:	Date Completed:
Type of School:	Name of School:	Grade Completed:	Degree or Certificate:	Date Completed:
Type of School:	Name of School:	Grade Completed:	Degree or Certificate:	Date Completed:

Pertinent Information

Do you have a valid driver's license?		Do you have any traffic convictions?
State of issue?		Number of traffic convictions?
Do you have a valid CDL?		Was your driver's license revoked?
State of issue?		Do you have current auto insurance?

Nature of Violation:
Nature of Violation:
Nature of Violation:

Do you have Criminal Convictions?		Jurisdiction of Conviction No 2:	
Jurisdiction of Conviction No 1:		Jurisdiction of Conviction No 3:	

Nature of Conviction No 1:
Nature of Conviction No 2:
Nature of Conviction No 3:

I hereby authorize Youth Connect of VA to receive any criminal history and any driver's history information pertaining to me which may be in the files of any state, federal, or local criminal justice agency. I understand that any information obtained through a personal history background investigation, which is developed directly or indirectly, in whole or in part, as a result of this authorization, will be considered in determining my suitability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability which may be incurred as a result of furnishing such information. I also agree that a photocopy of this release authorization will be valid as an original, even though it does not contain an original signature.

Applicant's Signature: _____ Today's Date: _____

References

Reference One:	Reference Two:	Reference Three:
<i>Please list their name, their relation to you, how long you've known them, and their contact information.</i>	<i>Please list their name, their relation to you, how long you've known them, and their contact information.</i>	<i>Please list their name, their relation to you, how long you've known them, and their contact information.</i>

The facts set forth in both pages of my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative credit agencies or credit monitoring bureaus for the purposes of this investigation. I understand that I will have an employment criminal background check. Employment is contingent on a successful background check and/or drug test (if required).

Applicant's Signature: _____ Today's Date: _____