

The Arc of the Virginia Peninsula, Inc.
2520 58th Street
Hampton, Virginia 23661
757-896-6461

APPLICATION FOR EMPLOYMENT

This application must be completed fully in ink. PLEASE PRINT.

The Arc Virginia Peninsula is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability. If you have any doubts about the legality or the propriety of any question, you may decline to answer.

I. PERSONAL INFORMATION

NAME: _____ DATE: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
Street City State Zip

PREVIOUS ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER WHERE YOU CAN BE REACHED OR A MESSAGE LEFT: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ TELEPHONE: _____

VALID DRIVER'S LICENSE? _____ VISA CLASSIFICATION IF NOT A US CITIZEN _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? _____ WHEN? _____

HAVE YOU EVER BEEN EMPLOYED WITH US? _____ WHEN? _____

DO YOU HAVE ANY RELATIVES PRESENTLY EMPLOYED WITH US? _____

ARE YOU EMPLOYED NOW? _____ WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____

PLEASE INDICATE WORK SCHEDULE LIMITATIONS, IF ANY _____

POSITION DESIRED: _____ DESIRED SALARY: _____

II. EDUCATION AND TRAINING INFORMATION

Please furnish all education and training, which you believe qualifies you for the position you are seeking.

SCHOOL	DEGREE	FIELD/SPECIALTY

III. EMPLOYMENT HISTORY INFORMATION

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____ TELEPHONE: _____

STARTING SALARY: _____ FINAL SALARY: _____ NAME OF SUPERVISOR: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____ TELEPHONE: _____

STARTING SALARY: _____ FINAL SALARY: _____ NAME OF SUPERVISOR: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____ TELEPHONE: _____

STARTING SALARY: _____ FINAL SALARY: _____ NAME OF SUPERVISOR: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ EMPLOYED FROM _____ TO _____

ADDRESS: _____ TELEPHONE: _____

STARTING SALARY: _____ FINAL SALARY: _____ NAME OF SUPERVISOR: _____

STATE JOB TITLE AND DESCRIBE YOUR WORK: _____

REASON FOR LEAVING: _____

We may contact the employers you listed unless you indicate below those that you do not want us to contact.

EMPLOYER: _____

REASON: _____

IV. MILITARY INFORMATION

DID YOU SERVE IN THE US ARMED FORCES? [] Yes [] No

IF "YES", IN WHAT BRANCH? _____

V. GENERAL INFORMATION

HAVE YOU EVER WORKED WITH PEOPLE WITH DISABILITIES? [] Yes [] No

IF "YES", IN WHAT CAPACITY? _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, AS HIGHLIGHTED ON THE JOB POSTING? [] Yes [] No

IF "NO", PLEASE EXPLAIN UNDER COMMENTS.

IS THERE ANYTHING THAT WOULD STOP YOU FROM WORKING ON THE WEEKENDS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [] Yes [] No CONVICTIONS MAY NOT EXCLUDE YOU FROM EMPLOYMENT.

IF "YES", DESCRIBE IN FULL: _____

VI. REFERENCES

Please list three references (not relatives) that have knowledge of your character and abilities.

Print Full Name	Complete Address	Position	Telephone

All applications will be screened based on skills, knowledge and abilities. Applicants will be contacted ONLY if selected for an interview. After interviews are conducted, ONLY the selected candidates for employment will be contacted.

COMMENTS

(Please refer to question or section number when commenting below. Attach extra sheets if necessary.)

APPLICANT'S AGREEMENT
Please read carefully before signing.

The information provided in this **Application for Employment** is true, correct, and complete. If employed, any misstatement or omission of fact in this application may result in my dismissal.

I understand that, if employed, I will be subject to a six-month introductory period. I agree to conform to The Arc's rules and regulations and to perform any reasonable work that may be considered necessary by The Arc, and to take physical or other examinations when required. I authorize investigation of all statements contained in this application and my signature authorizes The Arc of the Virginia Peninsula to contact my references listed on this application. I understand that I will be subject to alcohol and drug testing. I understand that my employment is at will, which means that either The Arc or I am free to terminate my employment with or without cause and with or without notice, at any time.

SIGNATURE: _____ **DATE:** _____

APPLICANTS FOR EMPLOYMENT

As a federal contractor, The Arc of the Virginia Peninsula, Inc. is required to take affirmative steps to hire, train and promote qualified persons with disabilities, disabled veterans, Vietnam Era veterans, other protected veterans, and newly separated veterans.

To facilitate our fulfillment of this requirement, we are asking for certain information; in particular, ethnicity, sex, whether you have a physical or mental disability, or are a disabled veteran, veteran of the Vietnam era, other protected veteran or newly separated veteran. This information is confidential and will be used only in accordance with applicable laws and affirmative action programs.

The information supplied will be used in specific, limited ways. In some cases, individual supervisors may be advised regarding the restrictions that persons with disabilities encounter on the job as well as ways of overcoming those restrictions. Submitting this completed form is entirely voluntary on your part, and refusal to do so will not impact our consideration of you as an applicant or otherwise subject you to any adverse treatment.

NON-DISCRIMINATION

The Arc of the Virginia Peninsula, Inc. in compliance with Titles VI and VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973 and Title I of the Americans with Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, religion, sex, marital status, or disability in any of its policies, procedures or practices; nor does The Arc, in compliance with Age Discrimination in Employment Act of 1967 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, discriminate against any employee or person seeking employment on the basis of their age or because they are disabled veterans or veterans of the Vietnam era.

In conformance with The Arc's policy and pursuant to Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, The Arc of the Virginia Peninsula is an Affirmative Action/Equal Employment Opportunity Employer.

(Please print)

DATE: _____ POSITION APPLIED FOR: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOW DID YOU HEAR ABOUT US?	Advertisement	Friend
	Relative	Walk-In
	Employment Agency	Other

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

CHECK ONE: Male Female

CHECK ONE OF THE FOLLOWING:

Hispanic Black White American Indian or Alaskan Native Asian or Pacific Islander

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Other Protected Veteran Newly Separated Veteran
 Disabled Individual

Note: If mailing application, mail to 2520 58th Street, Hampton, Virginia 23661

Revised 03/05