

OAR of Richmond, Inc.
APPLICATION FOR EMPLOYMENT

1. Position applied for _____
(one per application)

2. Social Security No. _____
(Note: Completion of number two is optional. Failure to submit Social Security Number on this form will not prohibit employment consideration. Social Security Number may be required on other forms prior to employment.)

3. Full Legal Name _____
Last
First
Middle

4. Address _____
Number and Street

City
State
Zip

5. Home Phone (____) _____ 6. Business Phone (____) _____
 The best times to reach you _____

7. Date of Birth _____
 (Note: The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.)

8. Education
 a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma?
 ___ Yes ___ No Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

| Name and Location of Institution | Degree | Major | Dates Attended |
|----------------------------------|--------|-------|----------------|
| | | | |
| | | | |
| | | | |

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. Experience - Starting with the most recent, describe all paid, military, and applicable volunteer experience. Attach additional sheets if necessary. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

a. Job Title _____ Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Dates (mo/yr) _____ to _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/Week _____ Salary _____

May we contact your supervisor? _____yes _____no

b. Job Title _____ Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Dates (mo/yr) _____ to _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/Week _____ Salary _____

May we contact your supervisor? _____yes _____no

c. Job Title _____ Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Immediate Supervisor _____

Title _____

Dates (mo/yr) _____ to _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/Week _____ Salary _____

May we contact your supervisor? _____yes _____no

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills.

10. References - List names, addresses and relationships of three persons not related to you who know your qualifications.

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

11. Miscellaneous

a. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___yes ___no. Under The Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

b. What method of transportation will you use to get to work? _____
If you will be using a personal vehicle, do you have insurance on this vehicle? Please check
_____comprehensive? _____ liability? _____carrier?

c. Have you ever served in the Armed Forces of the United States? ___ yes ___ no
What branch? _____ Dates of duty from (mo/day/yr) _____ to _____
Rank at discharge? _____ Type of discharge? _____

d. Have you ever been convicted of a law violation(s), including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ___yes ___ no. If yes, please explain:

e. When will you be available to start work? _____Month _____Day _____Year

12. Certification - Each application requires current date and original signature.
I hereby certify that all entries on this application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may be considered sufficient cause for dismissal. I understand that all information on this application is subject to verification. I consent to references and former employers listed being contacted regarding this application, unless otherwise noted. Due to the nature of the work of this agency, I consent to a criminal record check.

Date _____ Applicant Signature _____