



For office use only:

Interview date: _____

AAP Disposition Code: _____

An Equal Opportunity Employer

P.O. Box 817, Waynesboro, VA 22980 Phone: (540) 949-7141, Fax: (540) 949-7143

Application for Employment

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Confidential assistance in completing this application for those with specific disabilities that prevent them from completing it may be obtained if needed.

Please print.

1. APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City/State/Zip: _____

Home/Cell Phone: _____

Email Address: _____

2. POSITION APPLIED FOR: _____

3. If offered employment, when would you be available to begin work? _____

4. Are you legally permitted to work in the United States? _____ Yes _____ No

NOTE: Proof of eligibility will be required within three working days of employment.

5. Have you ever been convicted for any violation(s) of law, including moving traffic violations, or any sex-related or child-abuse/molestation offenses?

_____ YES _____ NO If YES, please provide the following:

Description of offense: _____

Date of charge: _____ **Date of Conviction:** _____

County, City and State of Conviction: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

6. EDUCATION AND TRAINING

College/University Name: _____

Years Completed: _____ **Major or Specialty:** _____

Did you receive a degree? _____ **Yes** _____ **No**

High School/GED Name: _____

Did you receive a diploma? _____ **Yes** _____ **No**

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service: _____ **Yes** _____ **No**

7. EXPERIENCE

Starting with your current or most recent, describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position.

a) **Job Title:** _____

Employer Name: _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Beginning and Ending Wages: _____

b) Job Title: _____

Employer Name: _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Beginning and Ending Wages: _____

c) Job Title: _____

Employer Name: _____

Direct Supervisor Name and Title: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Beginning and Ending Wages: _____

8. REFERENCES

List names, phone numbers, and relationships of three persons not related to you who know your qualifications. At least one of these references should be work related:

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

10. Please provide any other information that you believe should be considered:

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from VPAS.

I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

If I become employed by VPAS, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the Executive Director of the Company.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant _____

Date _____

How did you find out about this employment opportunity?

Newspaper* _____ VPAS Internal Announcement _____

Radio/TV* _____ Career Builder _____

VEC _____ Other (please specify) _____

*Specify name of newspaper or other media _____

Voluntary Self Identification Form
Gender, Ethnicity, Race, Disabled and Veteran Status

In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:	CITIZENSHIP	GENDER
	Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Male
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female

Ethnicity
 Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

RACE	Race Identification
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
Using the definitions in the following attachment, please check the box or boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature _____

Date _____

Disabled and Veteran Self-Identification Questionnaire

This Company is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as “covered veterans”.

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer’s policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Three-Year Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).