

*Please read the following before completing our application*

**Recent changes in state personnel law require us to inform all applicants of the following:**

1. There is no guarantee of a job offer or job interview in completing our application. Your application will be considered along with others who have submitted applications, and decisions about interviews will be based on this comparison.
2. Our application must be **completely** filled out in order for you to be considered for employment.
3. Resumes may be attached, however, **resumes will not be accepted without a completed application form**. "See Resume" will be considered an incomplete field.
4. If the information provided on your application cannot be satisfactorily **verified** by employment reference checks, your application could be considered as incomplete.
5. Applications are filed according to position title and number. Be as specific as possible in stating the job you are applying for. "ANY" position is **not** an acceptable response on our application.
6. Due to the large number of applications we receive, and the competitive nature of our employment process, specific reasons for employment decisions will not be released.
7. In completing our application you will be subject to the following checks:

EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS

CRIMINAL RECORD CHECK

CHILD PROTECTIVE SERVICES CENTRAL REGISTRY SEARCH

DMV SAFE DRIVING RECORD

8. Do you have a **family** member, or any member of your **household** currently employed by RACS? \_\_\_No \_\_\_Yes If yes, please indicate name \_\_\_\_\_.

**I have read the above statements:**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

MAIL TO:

**ROCKBRIDGE AREA COMMUNITY SERVICES BOARD  
HUMAN RESOURCES**

**146 South Main St., Lexington, Virginia 24450**

**(540) 464-8560 or 464-1118**

**FAX #: 540-464-1121**

**APPLICATION FOR EMPLOYMENT**

**POSITION APPLIED FOR: \_\_\_\_\_**

**(one per application)**

1. Full Legal Name: \_\_\_\_\_  
Last First Middle

2. Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

3. Home Phone: (\_\_\_\_) \_\_\_\_\_

4. Address: \_\_\_\_\_  
(Number and Street)

5. Business Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**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.*

**RACSB, an employer in the Commonwealth of Virginia, is an "at will" employer.**

**6. EDUCATION**

a. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

b. Name and location of last primary or secondary school attended:

c. If you did not complete high school, do you have a high school equivalency diploma? \_\_\_\_ Yes \_\_\_\_ No

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

Name & Location of Institute	Hours	Degree	Major/Specialty	Date(s)
1				
2				
3				
4				

e. If you expect to complete your educational program in the near future, please indicate what type degree and when you expect to receive it. \_\_\_\_\_

**7. EXPERIENCE: Please complete. ("SEE RESUME" IS NOT ACCEPTABLE.)**

*Please describe all paid work, military, and applicable volunteer experience starting with the most recent. You may list significantly different jobs within the same organization as separate items. If you need additional space, please use a supplementary experience form.*

May we contact your present supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #:( ) \_\_\_\_\_ FAX#( ) \_\_\_\_\_ BUSINESS TYPE \_\_\_\_\_  
SALARY: (start): \_\_\_\_\_ (finish) \_\_\_\_\_  
DATES: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

Number and titles of employees supervised: \_\_\_\_\_  
Equipment used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name if different from past: \_\_\_\_\_

b. EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #:( ) \_\_\_\_\_ FAX#( ) \_\_\_\_\_ BUSINESS TYPE \_\_\_\_\_  
SALARY: (start): \_\_\_\_\_ (finish) \_\_\_\_\_  
DATES: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

Number and titles of employees supervised: \_\_\_\_\_  
Equipment used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name if different from past: \_\_\_\_\_

c. EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE #:( ) \_\_\_\_\_ FAX#( ) \_\_\_\_\_ BUSINESS TYPE \_\_\_\_\_  
SALARY: (start): \_\_\_\_\_ (finish) \_\_\_\_\_  
DATES: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

Number and titles of employees supervised: \_\_\_\_\_  
Equipment used: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name if different from past: \_\_\_\_\_

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

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f. **FOR CLERICAL and TECHNICAL ADMINISTRATIVE SUPPORT POSITIONS ONLY:**

Typing speed \_\_\_\_\_ words per minute/Shorthand speed \_\_\_\_\_ words per minute

Word Processing Experience: \_\_\_\_\_ Yes \_\_\_\_\_ No

Software Programs Used: \_\_\_\_\_

- g. PROFESSIONAL LICENSES (other than driver's), certificates or other authorization to practice a trade or profession.

TYPE	LICENSE #	EXPIRATION DATE	GRANTED BY: (licensing board)	DATE LICENSE INITIALLY GRANTED

**8. REFERENCES: PROFESSIONAL/EMPLOYMENT ONLY**  
**LIST THREE REFERENCES OF PREVIOUS SUPERVISORS OR ADMINISTRATORS WHO CAN GIVE AN EMPLOYMENT-RELATED OR EDUCATION REFERENCE.**  
*Personal references, friends, family, co-workers, pastors are not acceptable references.*

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#:(\_\_\_\_) \_\_\_\_\_ FAX#: \_\_\_\_\_

EMPLOYMENT/EDUCATIONAL RELATIONSHIP TO YOU: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#:(\_\_\_\_) \_\_\_\_\_ FAX#: \_\_\_\_\_

EMPLOYMENT/EDUCATIONAL RELATIONSHIP TO YOU: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#:(\_\_\_\_) \_\_\_\_\_ FAX#: \_\_\_\_\_

EMPLOYMENT/EDUCATIONAL RELATIONSHIP TO YOU: \_\_\_\_\_

**9. MISCELLANEOUS:**

- a. ARE you willing to accept employment which requires you to travel?

\_\_\_\_\_ Yes, during the day only

\_\_\_\_\_ Yes, occasionally overnight only

\_\_\_\_\_ Yes, both during the day and occasionally overnight.

\_\_\_\_\_ No, I will not travel.

- b. ARE you willing to work: \_\_\_any shift \_\_\_during the day only \_\_\_any shift other than day?
- c. LIST the locations in which you are willing to work. If you are willing to work anywhere in Virginia, write "ALL": \_\_\_\_\_

ARE you willing to provide your own transportation if necessary for your employment? \_\_\_Yes\_\_\_ No  
 WILL you accept employment which is (check one): \_\_\_temporary,\_\_\_full time, regular;

\_\_\_either full time, regular or temporary?

WILL you accept employment which is (check one): \_\_\_full time, \_\_\_Part time,  
 \_\_\_either full or part time?

- d. FOR purposes of compliance with Section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," are you legally eligible for employment in the United States? \_\_\_YES \_\_\_NO.  
 (You are legally eligible for employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor).
- e. HAVE you ever been convicted of a law violation, 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:
10. When will you be available to start work? \_\_\_\_\_Month \_\_\_\_\_Day \_\_\_\_\_Year  
 (No date is necessary if you are available as soon as you give adequate notice.)
11. How did you find out about this employment opportunity?  
 \_\_\_\_\_Radio-TV \_\_\_\_\_VEC \_\_\_\_\_State Recruiter\_\_\_\_\_ Agency Bulletin Board,  
 \_\_\_\_\_Newspaper (Please Specify Name \_\_\_\_\_)  
 \_\_\_\_\_Other (Please Specify \_\_\_\_\_)

## 12. CERTIFICATION:

*I hereby certify that all entries on both sides and all attachments are true and accurate. I understand that all information on this application is subject to verification. I consent to my references and my former employers may be contacted regarding my application for employment. My signature below gives my authorization for RACSB to contact the above listed references, additional references given by me, and my former employers (except those employers/references I request not to contact) to provide employment-related references. My signature below also confirms my understanding that any information I have provided on this application, or in the recruitment process for RACSB employment that is found to be not true and accurate will result in disqualifying myself as an RACSB applicant for employment; or, should I become an RACSB employee, my employment will be terminated based upon a false and untrue application. ALL APPLICANTS OFFERED & ACCEPTING EMPLOYMENT WITH ROCKBRIDGE AREA COMMUNITY SERVICES BOARD MUST SUBMIT TO A NATIONAL FBI CRIMINAL BACKGROUND CHECK WHICH WILL REQUIRE APPLICANT FINGERPRINTING. THIS IS IN COMPLIANCE WITH VIRGINIA CODE 37.1-197.2.*

**I CONFIRM I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE CERTIFICATION.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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**To meet the requirements of federal regulations, we need to collect information on the questions below for record keeping purposes. This information will NOT be used for making employment decisions and will NOT be kept with your application for employment.**

**Check the appropriate blocks:** \_\_\_\_\_ *Handicapped* \_\_\_\_\_ *Male* \_\_\_\_\_ *Female*

**Check the block for the racial or ethnic group with which you identify:**

- \_\_\_\_\_ *White (includes Arabian)*
- \_\_\_\_\_ *Black (includes Jamaicans, Bahamians, and other Caribbeans of African but not Hispanic or Arabian descent)*
- \_\_\_\_\_ *Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)*
- \_\_\_\_\_ *Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)*
- \_\_\_\_\_ *American Indian (includes Alaskans)*

**Check the block for the highest level of education you have completed (check only one):**

- |   |  |
|---|--|
| _____ <i>Less than 8th grade</i>                      | _____ <i>College graduate</i>                            |
| _____ <i>Completed 8th grade</i>                      | _____ <i>Attended graduate school</i>                    |
| _____ <i>Attended high school</i>                     | _____ <i>Master's degree</i>                             |
| _____ <i>High school graduate/equivalent</i>          | _____ <i>Graduate study beyond master's requirements</i> |
| _____ <i>Attended college and/or associate degree</i> | _____ <i>Ph.D. or professional degree</i>                |

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_