



ONLY signed & dated applications
 will be considered.

460 Lendall Lane
 Fredericksburg, VA 22405

Application for Employment

Position applied for: Date:

Name:
(Last) (First) (Middle)

Address:
(Number and Street) (City and State) (Zip)

Telephone #:

Driver's License Number: DL State:

Date available to begin employment:

Are you currently employed? yes no
 If yes, may we contact your current employer? yes no
 Current employer's phone #:

Will you accept employment that requires the use of your personal automobile? yes no

Do you have any special needs?
 If so, explain:

EDUCATION

| School Name | Location | | Years Attended | | Degree | GPA |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | City | State | From | To | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Other training:

ABILITIES, EXPERIENCE, SKILLS

In this section, describe abilities, skills, and experience that particularly qualifies you for the position for which you are applying.

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CERTIFICATES, LICENSES

In this section, list any professional or trade certificates or licenses you possess. State the date and authority for each.

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WORK HISTORY

| | | | |
|---------------------|--------|-------------------------------|--|
| Month/Year Employed | | Employer: | |
| From | To | Address: | |
| | | Position held: | |
| | | Reason for leaving: | |
| Salary | | Name and title of supervisor: | |
| Starting | Ending | Machines used: | |
| | | Briefly describe your duties: | |
| | | | |

| | | | |
|---------------------|--------|-------------------------------|--|
| Month/Year Employed | | Employer: | |
| From | To | Address: | |
| | | Position held: | |
| | | Reason for leaving: | |
| Salary | | Name and title of supervisor: | |
| Starting | Ending | Machines used: | |
| | | Briefly describe your duties: | |
| | | | |

WORK HISTORY (continued)

| | | | |
|---------------------|--------|-------------------------------|--|
| Month/Year Employed | | Employer: | |
| From | To | Address: | |
| | | Position held: | |
| | | Reason for leaving: | |
| Salary | | Name and title of supervisor: | |
| Starting | Ending | Machines used: | |
| | | Briefly describe your duties: | |
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| | | | |
|---------------------|--------|-------------------------------|--|
| Month/Year Employed | | Employer: | |
| From | To | Address: | |
| | | Position held: | |
| | | Reason for leaving: | |
| Salary | | Name and title of supervisor: | |
| Starting | Ending | Machines used: | |
| | | Briefly describe your duties: | |
| | | | |

Have you ever been discharged or forced to resign? yes no

If yes, give date, employer's name, address, and reason: _____

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VOLUNTEER EXPERIENCE *(relating to the position for which you are applying)*

| Date | Organization | Nature of work |
|------|--------------|----------------|
| | | |
| | | |
| | | |

REFERENCES

| | | | |
|----------|--|-------------|--|
| 1. Name: | | Phone #: | |
| Address: | | Occupation: | |
| 2. Name: | | Phone #: | |
| Address | | Occupation: | |
| 3. Name: | | Phone #: | |
| Address: | | Occupation: | |

I hereby certify that this application is a completed record and that all entries given in it are true and accurate to the best of my knowledge. I authorize investigation of all statements contained on this application. I understand that misrepresentation or omission of facts called for is cause for dismissal if employed.

Date: _____ Signed: _____

Please note Pre-employment screening will include: Drug Testing, Background Screening, Non-DOT Medical Physical, Driving History Check

Healthy Generations is an Equal Opportunity Employer

Rappahannock Area Agency on Aging d/b/a Healthy Generations does not discriminate on the basis of race, color, or national origin and is committed to ensuring that no person shall, on the grounds of race, color, national origin, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, whether those programs and activities are federally funded or not. If you would like to submit a complaint on the basis of discrimination please direct inquiries to Title VI Compliance Manager, 460 Lendall Lane, Fredericksburg, VA 22405