11523 Robious Rd., North Chesterfield, VA 23235
Phone: (804) 562-2028 Fax: (804) 562-2037

# APPLICATION FOR EMPLOYMENT

(Please print clearly)

## An Equal Opportunity Employer

Our practice does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability, or any other status protected by applicable law or regulation. It is our intent that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Date _____

Name_____
Last First Middle

Present address _____ Phone _____
No. Street City State Zip

Position applied for _____ Email address_____

Employment you are seeking ☐Full-time ☐Part-time Specify days and hours available_____

List any friends or relatives working here, other than spouse _____, _____

If your application is considered favorably, on what date will you be available for work? _____20_____

Are there any other work experiences, skills, or qualifications that you feel would especially qualify you for employment here? Please add any additional comments you think are important for us to consider. Use an additional sheet of paper if necessary

_____
_____
_____
_____

If hired, can you furnish proof you are eligible to work in the United States? ☐Yes ☐No
Have you ever been convicted of a felony? ☐Yes ☐No
A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and the job for which you are applying will be considered.
If yes, please explain _____

If you are applying for a position with minimum age requirements, you may be required to submit proof of age.
For jobs with minimum age requirements: Are you 18 years of age or older? ☐Yes ☐No

## Personal References *(not former employers or relatives)*

| Name and Occupation | Address | Phone number |
|---|---|---|
| | | |
| | | |

## Education Record

| Name of School | Year completed | Degree awarded | GPA | Honors |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## Relevant Special Interests/Organizations

*(Do not include any labor organization, or memberships that reveal race, sex, age, veteran status, disability, or other protected status.)*

| Name or Description of Organization | Active Participation Dates | Offices Held |
|---|---|---|
| | _____to_____ | |
| | _____to_____ | |
| | _____to_____ | |

## Work History

*(Beginning with the most recent, list all past employers, including any pertinent military experience. If self-employed, provide the business name and business references. A job offer may be contingent upon acceptable references.)*

| | | |
|---|---|---|
| Name of Company | Business Address | Phone |
| Type of Business | Immediate Supervisor | Dates Employed<br>From To |
| Exact Job Title | Reason for Leaving | |
| Description of Duties | | |

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