

Application for Employment

Applicant's Full Name _____
 (Last) (First) (M.I.) (Maiden Name)

Other Name(s) _____
 (Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
 (Street) (City) (State) (Zip)

Permanent Mailing Address _____
 (Street) (City) (State) (Zip)

Telephone Numbers:
 Home: () Work: () Cell: ()

Educational and Professional Training (List chronologically)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (From-To)
High School						
College or University						

Position Applying for: _____

Work Experience

Describe past and present employment positions (starting with most recent employment). Even though a resume or vita is included in the application package, **this section must be completed.**

Name of Employer: _____

Type of Business: _____ Name of Supervisor: _____

Address: _____

Position & Duties: _____

_____ Salary: _____

Telephone Number: _____ Length of Employment (Include Dates): _____

Reason for Leaving: _____

May we contact this employer for a reference prior to an interview? Yes No

Name of Employer: _____

Type of Business: _____ Name of Supervisor: _____

Address: _____

Position & Duties: _____

_____ Salary: _____

Telephone Number: _____ Length of Employment (Include Dates): _____

Reason for Leaving: _____

May we contact this employer for a reference prior to an interview? Yes No

Name of Employer: _____

Type of Business: _____ Name of Supervisor: _____

Address: _____

Position & Duties: _____

_____ Salary: _____

Telephone Number: _____ Length of Employment (Include Dates): _____

Reason for Leaving: _____

May we contact this employer for a reference prior to an interview? Yes No

MARK THE APPROPRIATE BOXES:

Are you a U. S. citizen? Yes No
If not, are you eligible to work in the U. S.?
Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No
If yes, please describe the crime – state the nature of the crime(s), when you
and where you were convicted and the disposition of the case.

Have you ever been discharged, advised or requested to resign from a position? Yes No
If yes, explain.

Do you speak, write or understand any foreign language? Yes No
If yes, describe which language(s) and how fluent of a speaker you consider yourself to be.

If there is any additional information that you wish to include, please submit the information on a separate page.

READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW:

I certify that I have not purposefully withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application, immediate withdrawal of a contract offer or if I am employed, terms for my immediate dismissal.

My signature below authorizes *Smart Beginnings Martinsville-Henry County* (SBMHC) to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other sources deemed appropriate in the sole discretion of SBMHC. I waive my right of access to any such information, and without limitation hereby release SBMHC and the reference source from any liability in connection with its release or use. This release includes the sources cited above and illustrative examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

I understand that my Social Security number will be required on other forms prior to employment.

Applicant's Signature: _____ **Date:** _____

**SMART BEGINNINGS MARTINSVILLE-HENRY COUNTY IS AN
EQUAL OPPORTUNITY EMPLOYER**

Smart Beginnings Martinsville-Henry County does not discriminate on the basis of race, color, religion, national origin, political affiliation, gender, age, marital status, or disability in its program or employment.