

Application For Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, age, national origin, marital status, disability, sexual orientation, gender identity or any protected characteristic as established by law.

As a means of accommodation to persons with disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Human Resources at (757) 441-5830 ext. 347.

Personal Information

Name

Address		City	State	Zip
Phone number		Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver's License Number			State	

Position

Position you are applying for	Available start date
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary	

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name and Email Address	Title	Company	Phone

Employment History

Current Employer	Job title		Dates employed
Work phone	May we contact your current employer? Please provide name, email & phone:		
Address	City	State	Zip
Employer (1)	Job title		Dates employed
Work phone	May we contact your past employer? Please provide name, email & phone:		
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	May we contact your past employer? Please provide name, email & phone:		
Address	City	State	Zip
Employer (3)	Job Title		Dates employed
Work phone	May we contact your past employer? Please provide name, email & phone:		
Address	City	State	Zip

Use this space for any additional information that would help to evaluate your application, including certifications, special achievements or specialized skills:

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

Select the submit button to send this form to Human Resources by email or save and send as an attachment. If your internet browser does not support pdf forms, please print this form to complete and send as a scanned image.